

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-0118	I	FROM 1/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 12/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/ 5/2010 TIME 12:47

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY
CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE,
IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR
INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES
AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR
MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
METROSOUTH MEDICAL CENTER 14-0118
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND
BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE
WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS
REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN
COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

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THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
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HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-0118	I	FROM 1/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 12/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

PART II - SETTLEMENT SUMMARY

		TITLE V		TITLE XVIII		TITLE XIX
			A		B	
		1	2		3	4
1	HOSPITAL	0	1,823,372		45,510	13,716,192
100	TOTAL	0	1,823,372		45,510	13,716,192

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET:	12935 SOUTH GREGORY STREET	P.O. BOX:	
1.01 CITY:	BLUE ISLAND	STATE:	IL ZIP CODE: 60406- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;					PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	V	XVIII	XIX
0	1	2	2.01	3	4	5	6
02.00 HOSPITAL	METROSOUTH MEDICAL CENTER	14-0118		7/ 1/1966	N	P	O

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 1/ 1/2009	TO: 12/31/2009	1	2
18	TYPE OF CONTROL			4	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1
20	SUBPROVIDER	

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1		
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.	N		
21.07	DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)			
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.			
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N		
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N		
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ /	/ /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ /	/ /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ /	/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ /	/ /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.		/ /	/ /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ /	/ /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ /	/ /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)			/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).			/ /

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N			
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?				
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.				
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	N			
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)				
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)				
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0			
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3 4
			-----	-----	-----
			0	0.0000	0.0000
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	0	
<p>A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)</p>					
28.03	STAFFING	%	Y/N		
28.04	RECRUITMENT	0.00%			
		0.00%			

28.05	RETENTION	0.00%
28.06	TRAINING	0.00%
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
MISCELLANEOUS COST REPORT INFORMATION		
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	V	XVIII	XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1	2	3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N

TITLE XIX INPATIENT SERVICES	
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS).	N	
40.01 NAME:	FI/CONTRACTOR NAME	FI/CONTRACTOR #
40.02 STREET:	P.O. BOX:	
40.03 CITY:	STATE: ZIP CODE: -	
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?	Y	
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	N	00/00/0000
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?		
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).		

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

OUTPATIENT OUTPATIENT OUTPATIENT

	PART A	PART B	ASC	RADIOLOGY	DIAGNOSTIC	
	1	2	3	4	5	
47.00 HOSPITAL	N	N	N	N	N	
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)						N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV						N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						0
53.01 MDH PERIOD:				BEGINNING: / /	ENDING: / /	
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:						
PREMIUMS:			5,496,075			
PAID LOSSES:			0			
AND/OR SELF INSURANCE:			0			
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.						N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.						N

56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	DATE	Y OR N	LIMIT	Y OR N	FEES
		0	1	2	3	4
			N	0.00		0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			

60.01

IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).

0

MULTICAMPUS

61.00

IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

63.00

WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

Y

4/28/2010

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	----- I/P DAYS / TITLE V 3	O/P VISITS / TITLE XVIII 4	NOT LTCH N/A 4.01	TRIPS ----- TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	216	78,840			18,458		8,246
2	HMO							2,042
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	216	78,840			18,458		8,246
6	INTENSIVE CARE UNIT	14	5,110			1,867		371
7	CORONARY CARE UNIT	14	5,110			1,286		278
11	NURSERY							1,523
12	TOTAL	244	89,060			21,611		10,418
13	RPCB VISITS							
25	TOTAL	244						
26	OBSERVATION BED DAYS							407
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		----- I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED NOT ADMITTED 5.01 5.02		O/P VISITS TOTAL ALL PATS 6	/ TRIPS ----- TOTAL OBSERVATION BEDS ADMITTED NOT ADMITTED 6.01 6.02		-- INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES 7 8	
1	ADULTS & PEDIATRICS			38,539				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			38,539				
6	INTENSIVE CARE UNIT			3,423				
7	CORONARY CARE UNIT			3,692				
11	NURSERY			2,071				
12	TOTAL			47,725				

		----- I/P DAYS /		O/P VISITS	/ TRIPS -----		-- INTERNS & RES. FTES --	
COMPONENT		TITLE XIX	OBSERVATION BEDS	TOTAL	TOTAL OBSERVATION BEDS	NOT ADMITTED	TOTAL	LESS I&R REPL
		ADMITTED	NOT ADMITTED	ALL PATS	ADMITTED	NOT ADMITTED		NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
13	RPCH VISITS							
25	TOTAL							
26	OBSERVATION BED DAYS		407	832		832		
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

		I & R FTES	--- FULL TIME	EQUIV ---	-----	DISCHARGES	-----	
COMPONENT		NET	EMPLOYEES	NONPAID	TITLE	TITLE	TITLE	TOTAL ALL
		9	ON PAYROLL	WORKERS	V	XVIII	XIX	PATIENTS
			10	11	12	13	14	15
1	ADULTS & PEDIATRICS					4,704	3,133	12,111
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
11	NURSERY							
12	TOTAL		836.90			4,704	3,133	12,111
13	RPCH VISITS							
25	TOTAL		836.90					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/ 5/2010
 I 14-0118 I FROM 1/ 1/2009 I WORKSHEET S-3
 I I TO 12/31/2009 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	61,885,649		61,885,649	1,769,478.00	34.97	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A	185,643		185,643	3,331.00	55.73	Productive Hours - Jerry
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	1,360,825		1,360,825	28,693.30	47.43	Productive Hours - Jerry
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	1,136,131		1,136,131	16,557.75	68.62	G/L Cost/Hours - Jerry W
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	456,658		456,658	7,050.00	64.77	Phys. Time Sheets-Michel
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	13,347,725		13,347,725			CMS 339

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/ 5/2010
 I 14-0118 I FROM 1/ 1/2009 I WORKSHEET S-3
 I I TO 12/31/2009 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	278,235		278,235			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A	38,440		38,440			CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	508,448		508,448	15,390.48	33.04	
22	ADMINISTRATIVE & GENERAL	10,669,716		10,669,716	263,382.14	40.51	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS	282,078		282,078	6,968.25	40.48	
24	OPERATION OF PLANT	1,706,533		1,706,533	61,529.94	27.74	
25	LAUNDRY & LINEN SERVICE	483,942		483,942	27,977.54	17.30	
26	HOUSEKEEPING	1,613,867		1,613,867	99,485.31	16.22	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	1,508,615	-577,498	931,117	51,653.20	18.03	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		577,498	577,498	32,036.36	18.03	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	668,801		668,801	13,238.04	50.52	
31	CENTRAL SERVICE AND SUPPLY	575,725		575,725	27,569.26	20.88	
32	PHARMACY	1,860,019		1,860,019	44,331.97	41.96	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	823,308		823,308	33,761.03	24.39	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	61,885,649		61,885,649	1,769,478.00	34.97	
2	EXCLUDED AREA SALARIES	1,360,825		1,360,825	28,693.30	47.43	
3	SUBTOTAL SALARIES	60,524,824		60,524,824	1,740,784.70	34.77	

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
4	SUBTOTAL OTHER WAGES & RELATED COSTS	1,592,789		1,592,789	23,607.75	67.47	
5	SUBTOTAL WAGE-RELATED COSTS	13,386,165		13,386,165		22.12	
6	TOTAL	75,503,778		75,503,778	1,764,392.45	42.79	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	20,701,052		20,701,052	677,323.52	30.56	

HOSPITAL UNCOMPENSATED CARE DATA

I	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
I	PROVIDER NO: 14-0118
I	I PERIOD: FROM 1/ 1/2009
I	I TO 12/31/2009
I	I PREPARED 5/ 5/2010
	I WORKSHEET S-10

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
 - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
JUDGMENT WITHOUT FINANCIAL DATA?
 - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
DATA?
 - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
WORTH DATA?
 - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
DISTINCTION IMPORTANT?
 - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
BE A CHARITY WRITE OFF?

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/ 5/2010
I	14-0118	I	FROM 1/ 1/2009	I	WORKSHEET S-10
I		I	TO 12/31/2009	I	
I		I		I	

DESCRIPTION

- | | | |
|-------|---|------------|
| 11 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
LEVEL? IF YES ANSWER 11.01 THRU 11.04 | |
| 11.01 | IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
POVERTY LEVEL? | |
| 11.02 | IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
OF THE FEDERAL POVERTY LEVEL? | |
| 11.03 | IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
OF THE FEDERAL POVERTY LEVEL? | |
| 11.04 | IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
THE FEDERAL POVERTY LEVEL? | |
| 12 | ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
PATIENTS ON A GRADUAL SCALE? | |
| 13 | IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
MEDICAL EXPENSES? | |
| 14 | IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
IF YES ANSWER LINES 14.01 AND 14.02 | |
| 14.01 | DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
COMPENSATED CARE? | |
| 14.02 | WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
GOVERNMENT FUNDING? | |
| 15 | DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
TO CHARITY PATIENTS? | |
| 16 | ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
CHARITY CARE? | |
| | UNCOMPENSATED CARE REVENUES | |
| 17 | REVENUE FROM UNCOMPENSATED CARE | |
| 17.01 | GROSS MEDICAID REVENUES | |
| 18 | REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS | 14,893,066 |

DESCRIPTION

19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	14,893,066
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.298403
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	78,544,466
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	23,437,904
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	22,425,586
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,691,862
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	23,437,904

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0118
II PERIOD:
I FROM 1/ 1/2009
I TO 12/31/2009I PREPARED 5/ 5/2010
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,296,812	1,296,812	8,817,007	10,113,819
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,470,880	1,470,880
5	0500 EMPLOYEE BENEFITS	508,448	14,234,643	14,743,091	-14,347	14,728,744
6.01	0650 CASHIERING/ACCOUNTS RECEIVABLE	848,058	12,182,842	13,030,900	-231,615	12,799,285
6.06	0661 OTHER ADMINISTRATIVE AND GENERAL	9,821,658	29,562,759	39,384,417	-8,926,022	30,458,395
7	0700 MAINTENANCE & REPAIRS	282,078	377,667	659,745	-1,976	657,769
8	0800 OPERATION OF PLANT	1,706,533	3,369,239	5,075,772	-25,196	5,050,576
9	0900 LAUNDRY & LINEN SERVICE	483,942	-489,585	-5,643	-2,948	-8,591
10	1000 HOUSEKEEPING	1,613,867	572,324	2,186,191	-3,655	2,182,536
11	1100 DIETARY	1,508,615	1,043,026	2,551,641	-999,187	1,552,454
12	1200 CAFETERIA				959,270	959,270
14	1400 NURSING ADMINISTRATION	668,801	61,299	730,100	-6,301	723,799
15	1500 CENTRAL SERVICES & SUPPLY	575,725	219,277	795,002	-106,158	688,844
16	1600 PHARMACY	1,860,019	4,989,692	6,849,711	-4,917,439	1,932,272
17	1700 MEDICAL RECORDS & LIBRARY	823,308	921,795	1,745,103	-8,884	1,736,219
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	11,465,170	1,846,791	13,311,961	-693,730	12,618,231
26	2600 INTENSIVE CARE UNIT	4,256,765	1,105,759	5,362,524	-398,024	4,964,500
27	2700 CORONARY CARE UNIT	1,549,290	167,466	1,716,756	-75,652	1,641,104
33	3300 NURSERY	1,331,065	805,351	2,136,416	-87,314	2,049,102
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,782,655	5,952,278	9,734,933	-4,571,396	5,163,537
38	3800 RECOVERY ROOM	486,088	47,672	533,760	-27,009	506,751
39	3900 DELIVERY ROOM & LABOR ROOM	2,336,239	1,436,112	3,772,351	-282,254	3,490,097
40	4000 ANESTHESIOLOGY	47,479	929,904	977,383	-221,756	755,627
41	4100 RADIOLOGY-DIAGNOSTIC	3,235,263	1,990,140	5,225,403	-605,162	4,620,241
43	4300 RADIOISOTOPE	308,122	471,173	779,295	-10,135	769,160
44	4400 LABORATORY	2,731,786	2,867,584	5,599,370	-136,184	5,463,186
48	4800 INTRAVENOUS THERAPY	131,327	102,766	234,093	-94,394	139,699
49	4900 RESPIRATORY THERAPY	1,288,120	309,532	1,597,652	-222,021	1,375,631
50	5000 PHYSICAL THERAPY	920,964	515,791	1,436,755	-69,923	1,366,832
53	5300 ELECTROCARDIOLOGY	999,352	4,883,994	5,883,346	-4,686,137	1,197,209
53.01	3140 CARDIAC REHABILITATION	305,831	25,327	331,158	-2,123	329,035
53.02	3120 CARDIAC CATHETERIZATION LABORATORY	699,630	2,995,095	3,694,725	-2,422,624	1,272,101
54	5400 ELECTROENCEPHALOGRAPHY	200,379	30,450	230,829	-13,721	217,108
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				6,280,645	6,280,645
55.01	5501 IMPLANTABLE SUPPLIES				8,261,110	8,261,110

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0118
II PERIOD:
I FROM 1/ 1/2009
I TO 12/31/2009I PREPARED 5/ 5/2010
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		ANCILLARY SRVC COST CNTRS					
56	5600	DRUGS CHARGED TO PATIENTS				4,613,133	4,613,133
57	5700	RENAL DIALYSIS		915,758	915,758	-9,537	906,221
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	3,748,247	1,290,393	5,038,640	-476,981	4,561,659
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		SPEC PURPOSE COST CENTERS					
95		SUBTOTALS	60,524,824	97,031,126	157,555,950	52,240	157,608,190
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES	1,127,066	595,001	1,722,067	-27,123	1,694,944
98.01	9801	OTHER NRCC DEPARTMENTS		38,123	38,123	-1,019	37,104
99	9900	NONPAID WORKERS	64,579	13,996	78,575	-1,471	77,104
100	7950	CHF CLINIC	141,390	25,979	167,369	-19,943	147,426
100.01	7951	TIME SHARE	27,790	6,547	34,337	-2,684	31,653
101		TOTAL	61,885,649	97,710,772	159,596,421	-0-	159,596,421

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0118
II PERIOD:
I FROM 1/ 1/2009
I TO 12/31/2009I PREPARED 5/ 5/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		10,113,819
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,470,880
5	0500 EMPLOYEE BENEFITS	-2,241	14,726,503
6.01	0650 CASHIERING/ACCOUNTS RECEIVABLE	-11,702,707	1,096,578
6.06	0661 OTHER ADMINISTRATIVE AND GENERAL	-1,702,749	28,755,646
7	0700 MAINTENANCE & REPAIRS	-5,054	652,715
8	0800 OPERATION OF PLANT	-9,390	5,041,186
9	0900 LAUNDRY & LINEN SERVICE	-14,946	-23,537
10	1000 HOUSEKEEPING	-10,805	2,171,731
11	1100 DIETARY	-5,795	1,546,659
12	1200 CAFETERIA	-544,028	415,242
14	1400 NURSING ADMINISTRATION	-65	723,734
15	1500 CENTRAL SERVICES & SUPPLY	-5,252	683,592
16	1600 PHARMACY	-20,536	1,911,736
17	1700 MEDICAL RECORDS & LIBRARY	-551	1,735,668
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-410,781	12,207,450
26	2600 INTENSIVE CARE UNIT	-1,220	4,963,280
27	2700 CORONARY CARE UNIT	-226	1,640,878
33	3300 NURSERY	-636,381	1,412,721
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-276,941	4,886,596
38	3800 RECOVERY ROOM	-387	506,364
39	3900 DELIVERY ROOM & LABOR ROOM	-860,074	2,630,023
40	4000 ANESTHESIOLOGY	-682,245	73,382
41	4100 RADIOLOGY-DIAGNOSTIC	-43,174	4,577,067
43	4300 RADIOISOTOPE	-720	768,440
44	4400 LABORATORY	-52,866	5,410,320
48	4800 INTRAVENOUS THERAPY	-6,554	133,145
49	4900 RESPIRATORY THERAPY	-12,152	1,363,479
50	5000 PHYSICAL THERAPY	-3,547	1,363,285
53	5300 ELECTROCARDIOLOGY	-43,599	1,153,610
53.01	3140 CARDIAC REHABILITATION	-176,315	152,720
53.02	3120 CARDIAC CATHETERIZATION LABORATORY	-161,044	1,111,057
54	5400 ELECTROENCEPHALOGRAPHY	-283	216,825
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,280,645
55.01	5501 IMPLANTABLE SUPPLIES		8,261,110

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		ANCILLARY SRVC COST CNTRS		
56	5600	DRUGS CHARGED TO PATIENTS		4,613,133
57	5700	RENAL DIALYSIS		906,221
		OUTPAT SERVICE COST CNTRS		
61	6100	EMERGENCY	-544,402	4,017,257
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		SPEC PURPOSE COST CENTERS		
95		SUBTOTALS	-17,937,030	139,671,160
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800	PHYSICIANS' PRIVATE OFFICES	-1,592	1,693,352
98.01	9801	OTHER NRCC DEPARTMENTS	-85	37,019
99	9900	NONPAID WORKERS		77,104
100	7950	CHF CLINIC	-11	147,415
100.01	7951	TIME SHARE	-5	31,648
101		TOTAL	-17,938,723	141,657,698

COST CENTERS USED IN COST REPORT

I PROVIDER NO:

I 14-0118

I

I PERIOD:

I FROM 1/ 1/2009

I TO

12/31/2009

I PREPARED 5/ 5/2010

I NOT A CMS WORKSHEET

I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHABILITATION	3140	CARDIOLOGY
53.02	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.01	IMPLANTABLE SUPPLIES	5501	MEDICAL SUPPLIES CHARGED TO PATIENTS
56	DRUGS CHARGED TO PATIENTS	5600	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	ANCILLARY SRVC COST		
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OTHER NRCC DEPARTMENTS	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	CHF CLINIC	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	TIME SHARE	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1	REAL ESTATE TAXES	A	NEW CAP REL COSTS-BLDG & FIXT	3		12,500
2	CHARGEABLE PHARMACEUTICAL COSTS	B	DRUGS CHARGED TO PATIENTS	56		4,422,311
3						
4						
5						
6						
7						
8						
9	CHARGEABLE IV PHARMACEUTICAL COSTS	C	DRUGS CHARGED TO PATIENTS	56		190,822
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24	CHARGEABLE MEDICAL SUPPLY COSTS	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,280,645
25			OTHER ADMINISTRATIVE AND GENERAL	6.06		54,720
26						
27						
28						

RECLASSIFICATIONS

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		----- INCREASE -----		
EXPLANATION OF RECLASSIFICATION	CODE	COST CENTER	LINE	SALARY
	(1)		NO	
	1	2	3	4
				OTHER
				5
29				
30				
31				
32				
33				
34				
35				
1 CHARGEABLE MEDICAL SUPPLY COSTS	D			
2				
3				
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RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION

CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1	2	3	4	5

CHARGEABLE IMPLANT COSTS

E IMPLANTABLE SUPPLIES

55.01

8,261,110

1 CHARGEABLE IMPLANT COSTS
2 EQUIPMENT RENTAL COSTSE
F NEW CAP REL COSTS-MVBLE EQUIP

4

1,035,073

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RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----			
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4 OTHER 5

		----- INCREASE -----		
EXPLANATION OF RECLASSIFICATION	CODE	LINE		
	(1) COST CENTER	NO	SALARY	OTHER
	1	2	3	4
1 BUILDING/SPACE RENTAL COSTS	G	NEW CAP REL COSTS-BLDG & FIXT	3	8,804,507
2				
3				
4 EQUIPMENT DEPRECIATION COSTS	H	NEW CAP REL COSTS-MVBLE EQUIP	4	435,807
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23 CAFETERIA COSTS	I	CAFETERIA	12	577,498
36 TOTAL RECLASSIFICATIONS				577,498
				29,879,267

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

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			DECREASE			
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
	1	6	7	8	9	10
1 REAL ESTATE TAXES	A	CASHIERING/ACCOUNTS RECEIVABLE	6.01		12,500	13
2 CHARGEABLE PHARMACEUTICAL COSTS	B	EMPLOYEE BENEFITS	5		8,441	
3		PHARMACY	16		4,394,328	
4		INTENSIVE CARE UNIT	26		1	
5		OPERATING ROOM	37		23	
6		RESPIRATORY THERAPY	49		26	
7		ELECTROCARDIOLOGY	53		19,478	
8		CARDIAC CATHETERIZATION LABORATORY	53.02		14	
9 CHARGEABLE IV PHARMACEUTICAL COSTS	C	PHARMACY	16		161,012	
10		ADULTS & PEDIATRICS	25		4,542	
11		INTENSIVE CARE UNIT	26		1,441	
12		CORONARY CARE UNIT	27		250	
13		OPERATING ROOM	37		9,257	
14		RECOVERY ROOM	38		223	
15		DELIVERY ROOM & LABOR ROOM	39		2,432	
16		ANESTHESIOLOGY	40		5,742	
17		RADIOLOGY-DIAGNOSTIC	41		2,740	
18		LABORATORY	44		212	
19		RESPIRATORY THERAPY	49		55	
20		PHYSICAL THERAPY	50		114	
21		ELECTROENCEPHALOGRAPHY	54		11	
22		EMERGENCY	61		2,650	
23		PHYSICIANS' PRIVATE OFFICES	98		141	
24 CHARGEABLE MEDICAL SUPPLY COSTS	D	EMPLOYEE BENEFITS	5		851	
25		CASHIERING/ACCOUNTS RECEIVABLE	6.01		4	
26		MAINTENANCE & REPAIRS	7		1,184	
27		OPERATION OF PLANT	8		4,405	
28		LAUNDRY & LINEN SERVICE	9		2,786	

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----- DECREASE -----					A-7 REF 10
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	
	1			9	
29		HOUSEKEEPING	10	2,435	
30		DIETARY	11	36,040	
31		NURSING ADMINISTRATION	14	883	
32		CENTRAL SERVICES & SUPPLY	15	71,269	
33		PHARMACY	16	11,867	
34		MEDICAL RECORDS & LIBRARY	17	8	
35		ADULTS & PEDIATRICS	25	558,408	
1 CHARGEABLE MEDICAL SUPPLY COSTS	D	INTENSIVE CARE UNIT	26	332,871	
2		CORONARY CARE UNIT	27	57,781	
3		NURSERY	33	71,551	
4		OPERATING ROOM	37	2,024,823	
5		RECOVERY ROOM	38	24,546	
6		DELIVERY ROOM & LABOR ROOM	39	251,593	
7		ANESTHESIOLOGY	40	198,734	
8		RADIOLOGY-DIAGNOSTIC	41	502,143	
9		RADIOISOTOPE	43	10,135	
10		LABORATORY	44	135,815	
11		INTRAVENOUS THERAPY	48	94,112	
12		RESPIRATORY THERAPY	49	197,784	
13		PHYSICAL THERAPY	50	46,751	
14		ELECTROCARDIOLOGY	53	104,281	
15		CARDIAC REHABILITATION	53.01	1,331	
16		CARDIAC CATHETERIZATION LABORATORY	53.02	1,127,609	
17		ELECTROENCEPHALOGRAPHY	54	12,918	
18		RENAL DIALYSIS	57	9,537	
19		EMERGENCY	61	409,905	

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		DECREASE				A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
20		PHYSICIANS' PRIVATE OFFICES	98		20,475	
21		OTHER NRCC DEPARTMENTS	98.01		1,019	
22		NONPAID WORKERS	99		158	
23		CHF CLINIC	100		8,129	
24		TIME SHARE	100.01		1,224	
25 CHARGEABLE IMPLANT COSTS	E	PHARMACY	16		220	
26		ADULTS & PEDIATRICS	25		617	
27		INTENSIVE CARE UNIT	26		239	
28		CORONARY CARE UNIT	27		51	
29		OPERATING ROOM	37		2,388,287	
30		ANESTHESIOLOGY	40		12,394	
31		RADIOLOGY-DIAGNOSTIC	41		24,704	
32		PHYSICAL THERAPY	50		294	
33		ELECTROCARDIOLOGY	53		4,549,009	
34		CARDIAC CATHETERIZATION LABORATORY	53.02		1,285,015	
35		EMERGENCY	61		32	
1 CHARGEABLE IMPLANT COSTS	E	CHF CLINIC	100		248	
2 EQUIPMENT RENTAL COSTS	F	EMPLOYEE BENEFITS	5		5,055	10
3		CASHIERING/ACCOUNTS RECEIVABLE	6.01		9,958	
4		OTHER ADMINISTRATIVE AND GENERAL	6.06		77,528	
5		MAINTENANCE & REPAIRS	7		792	
6		OPERATION OF PLANT	8		4,819	
7		LAUNDRY & LINEN SERVICE	9		162	
8		HOUSEKEEPING	10		792	
9		DIETARY	11		3,877	
10		NURSING ADMINISTRATION	14		1,267	

RECLASSIFICATIONS

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----- DECREASE -----					A-7 REF 10
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	
	1			9	
11		CENTRAL SERVICES & SUPPLY	15	34,889	
12		PHARMACY	16	349,782	
13		MEDICAL RECORDS & LIBRARY	17	8,876	
14		ADULTS & PEDIATRICS	25	129,418	
15		INTENSIVE CARE UNIT	26	63,420	
16		CORONARY CARE UNIT	27	16,411	
17		NURSERY	33	15,763	
18		OPERATING ROOM	37	137,741	
19		RECOVERY ROOM	38	2,240	
20		DELIVERY ROOM & LABOR ROOM	39	9,828	
21		ANESTHESIOLOGY	40	2,110	
22		RADIOLOGY-DIAGNOSTIC	41	6,793	
23		INTRAVENOUS THERAPY	48	282	
24		RESPIRATORY THERAPY	49	23,644	
25		PHYSICAL THERAPY	50	21,481	
26		ELECTROCARDIOLOGY	53	12,865	
27		CARDIAC REHABILITATION	53.01	792	
28		CARDIAC CATHETERIZATION LABORATORY	53.02	9,986	
29		ELECTROENCEPHALOGRAPHY	54	792	
30		EMERGENCY	61	64,044	
31		PHYSICIANS' PRIVATE OFFICES	98	1,353	
32		PHYSICIANS' PRIVATE OFFICES	98	4,040	
33		NONPAID WORKERS	99	1,313	
34		CHF CLINIC	100	11,500	
35		TIME SHARE	100.01	1,460	

RECLASSIFICATIONS

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----- DECREASE -----						A-7 REF
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 BUILDING/SPACE RENTAL COSTS	G	CASHIERING/ACCOUNTS RECEIVABLE	6.01		209,153	10
2		OTHER ADMINISTRATIVE AND GENERAL	6.06		8,587,704	
3		DELIVERY ROOM & LABOR ROOM	39		7,650	
4 EQUIPMENT DEPRECIATION COSTS	H	OTHER ADMINISTRATIVE AND GENERAL	6.06		315,510	9
5		OPERATION OF PLANT	8		15,972	
6		HOUSEKEEPING	10		428	
7		NURSING ADMINISTRATION	14		4,151	
8		PHARMACY	16		230	
9		ADULTS & PEDIATRICS	25		745	
10		INTENSIVE CARE UNIT	26		52	
11		CORONARY CARE UNIT	27		1,159	
12		OPERATING ROOM	37		11,265	
13		DELIVERY ROOM & LABOR ROOM	39		10,751	
14		ANESTHESIOLOGY	40		2,776	
15		RADIOLOGY-DIAGNOSTIC	41		68,782	
16		LABORATORY	44		157	
17		RESPIRATORY THERAPY	49		512	
18		PHYSICAL THERAPY	50		1,283	
19		ELECTROCARDIOLOGY	53		504	
20		EMERGENCY	61		350	
21		PHYSICIANS' PRIVATE OFFICES	98		1,114	
22		CHF CLINIC	100		66	
23 CAFETERIA COSTS	I	DIETARY	11	577,498	381,772	
36 TOTAL RECLASSIFICATIONS				577,498	29,879,267	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

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RECLASS CODE: A

EXPLANATION : REAL ESTATE TAXES

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	12,500
TOTAL RECLASSIFICATIONS FOR CODE A			12,500

COST CENTER	LINE	AMOUNT
CASHIERING/ACCOUNTS RECEIVABLE	6.01	12,500
		12,500

RECLASS CODE: B

EXPLANATION : CHARGEABLE PHARMACEUTICAL COSTS

LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	4,422,311
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			4,422,311

COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	8,441
PHARMACY	16	4,394,328
INTENSIVE CARE UNIT	26	1
OPERATING ROOM	37	23
RESPIRATORY THERAPY	49	26
ELECTROCARDIOLOGY	53	19,478
CARDIAC CATHETERIZATION LABORA	53.02	14
		4,422,311

RECLASS CODE: C

EXPLANATION : CHARGEABLE IV PHARMACEUTICAL COSTS

LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	190,822
2.00			0

COST CENTER	LINE	AMOUNT
PHARMACY	16	161,012
ADULTS & PEDIATRICS	25	4,542

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RECLASS CODE: C

EXPLANATION : CHARGEABLE IV PHARMACEUTICAL COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
3.00			0	INTENSIVE CARE UNIT	26	1,441	
4.00			0	CORONARY CARE UNIT	27	250	
5.00			0	OPERATING ROOM	37	9,257	
6.00			0	RECOVERY ROOM	38	223	
7.00			0	DELIVERY ROOM & LABOR ROOM	39	2,432	
8.00			0	ANESTHESIOLOGY	40	5,742	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	2,740	
10.00			0	LABORATORY	44	212	
11.00			0	RESPIRATORY THERAPY	49	55	
12.00			0	PHYSICAL THERAPY	50	114	
13.00			0	ELECTROENCEPHALOGRAPHY	54	11	
14.00			0	EMERGENCY	61	2,650	
15.00			0	PHYSICIANS' PRIVATE OFFICES	98	141	
TOTAL RECLASSIFICATIONS FOR CODE C			190,822				190,822

RECLASS CODE: D

EXPLANATION : CHARGEABLE MEDICAL SUPPLY COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,280,645	EMPLOYEE BENEFITS	5	851	
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	54,720	CASHIERING/ACCOUNTS RECEIVABLE	6.01	4	
3.00			0	MAINTENANCE & REPAIRS	7	1,184	
4.00			0	OPERATION OF PLANT	8	4,405	
5.00			0	LAUNDRY & LINEN SERVICE	9	2,786	

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RECLASS CODE: D

EXPLANATION : CHARGEABLE MEDICAL SUPPLY COSTS

INCREASE		DECREASE	
LINE	AMOUNT	LINE	AMOUNT
6.00	0	HOUSEKEEPING	2,435
7.00	0	DIETARY	36,040
8.00	0	NURSING ADMINISTRATION	883
9.00	0	CENTRAL SERVICES & SUPPLY	71,269
10.00	0	PHARMACY	11,867
11.00	0	MEDICAL RECORDS & LIBRARY	8
12.00	0	ADULTS & PEDIATRICS	558,408
13.00	0	INTENSIVE CARE UNIT	332,871
14.00	0	CORONARY CARE UNIT	57,781
15.00	0	NURSERY	71,551
16.00	0	OPERATING ROOM	2,024,823
17.00	0	RECOVERY ROOM	24,546
18.00	0	DELIVERY ROOM & LABOR ROOM	251,593
19.00	0	ANESTHESIOLOGY	198,734
20.00	0	RADIOLOGY-DIAGNOSTIC	502,143
21.00	0	RADIOISOTOPE	10,135
22.00	0	LABORATORY	135,815
23.00	0	INTRAVENOUS THERAPY	94,112
24.00	0	RESPIRATORY THERAPY	197,784
25.00	0	PHYSICAL THERAPY	46,751
26.00	0	ELECTROCARDIOLOGY	104,281
27.00	0	CARDIAC REHABILITATION	1,331
28.00	0	CARDIAC CATHETERIZATION LABORA	1,127,609
29.00	0	ELECTROENCEPHALOGRAPHY	12,918
30.00	0	RENAL DIALYSIS	9,537
31.00	0	EMERGENCY	409,905

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140118	FROM 1/ 1/2009	5/ 5/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: D

EXPLANATION : CHARGEABLE MEDICAL SUPPLY COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
32.00			0	PHYSICIANS' PRIVATE OFFICES	98	20,475	
33.00			0	OTHER NRCC DEPARTMENTS	98.01	1,019	
34.00			0	NONPAID WORKERS	99	158	
35.00			0	CHF CLINIC	100	8,129	
36.00			0	TIME SHARE	100.01	1,224	
TOTAL RECLASSIFICATIONS FOR CODE D			6,335,365				6,335,365

RECLASS CODE: E

EXPLANATION : CHARGEABLE IMPLANT COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPLANTABLE SUPPLIES	55.01	8,261,110	PHARMACY	16	220	
2.00			0	ADULTS & PEDIATRICS	25	617	
3.00			0	INTENSIVE CARE UNIT	26	239	
4.00			0	CORONARY CARE UNIT	27	51	
5.00			0	OPERATING ROOM	37	2,388,287	
6.00			0	ANESTHESIOLOGY	40	12,394	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	24,704	
8.00			0	PHYSICAL THERAPY	50	294	
9.00			0	ELECTROCARDIOLOGY	53	4,549,009	
10.00			0	CARDIAC CATHETERIZATION LABORA	53.02	1,285,015	
11.00			0	EMERGENCY	61	32	
12.00			0	CHF CLINIC	100	248	
TOTAL RECLASSIFICATIONS FOR CODE E			8,261,110				8,261,110

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140118	FROM 1/ 1/2009	5/ 5/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: F

EXPLANATION : EQUIPMENT RENTAL COSTS

INCREASE		DECREASE	
LINE	AMOUNT	LINE	AMOUNT
1.00	1,035,073	5	5,055
2.00	0	6.01	9,958
3.00	0	6.06	77,528
4.00	0	7	792
5.00	0	8	4,819
6.00	0	9	162
7.00	0	10	792
8.00	0	11	3,877
9.00	0	14	1,267
10.00	0	15	34,889
11.00	0	16	349,782
12.00	0	17	8,876
13.00	0	25	129,418
14.00	0	26	63,420
15.00	0	27	16,411
16.00	0	33	15,763
17.00	0	37	137,741
18.00	0	38	2,240
19.00	0	39	9,828
20.00	0	40	2,110
21.00	0	41	6,793
22.00	0	48	282
23.00	0	49	23,644
24.00	0	50	21,481
25.00	0	53	12,865
26.00	0	53.01	792

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140118	FROM 1/ 1/2009	5/ 5/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION : EQUIPMENT RENTAL COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
27.00			0	CARDIAC CATHETERIZATION LABORA	53.02	9,986	
28.00			0	ELECTROENCEPHALOGRAPHY	54	792	
29.00			0	EMERGENCY	61	64,044	
30.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,353	
31.00			0	PHYSICIANS' PRIVATE OFFICES	98	4,040	
32.00			0	NONPAID WORKERS	99	1,313	
33.00			0	CHF CLINIC	100	11,500	
34.00			0	TIME SHARE	100.01	1,460	
TOTAL RECLASSIFICATIONS FOR CODE F			1,035,073				1,035,073

RECLASS CODE: G
EXPLANATION : BUILDING/SPACE RENTAL COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	8,804,507	CASHIERING/ACCOUNTS RECEIVABLE	6.01	209,153	
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	8,587,704	
3.00			0	DELIVERY ROOM & LABOR ROOM	39	7,650	
TOTAL RECLASSIFICATIONS FOR CODE G			8,804,507				8,804,507

RECLASS CODE: H
EXPLANATION : EQUIPMENT DEPRECIATION COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	435,807	OTHER ADMINISTRATIVE AND GENER	6.06	315,510	

RECLASSIFICATIONS

 PROVIDER NO:
140118

 PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

 PREPARED 5/ 5/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H

EXPLANATION : EQUIPMENT DEPRECIATION COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	OPERATION OF PLANT	8	15,972	
3.00			0	HOUSEKEEPING	10	428	
4.00			0	NURSING ADMINISTRATION	14	4,151	
5.00			0	PHARMACY	16	230	
6.00			0	ADULTS & PEDIATRICS	25	745	
7.00			0	INTENSIVE CARE UNIT	26	52	
8.00			0	CORONARY CARE UNIT	27	1,159	
9.00			0	OPERATING ROOM	37	11,265	
10.00			0	DELIVERY ROOM & LABOR ROOM	39	10,751	
11.00			0	ANESTHESIOLOGY	40	2,776	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	68,782	
13.00			0	LABORATORY	44	157	
14.00			0	RESPIRATORY THERAPY	49	512	
15.00			0	PHYSICAL THERAPY	50	1,283	
16.00			0	ELECTROCARDIOLOGY	53	504	
17.00			0	EMERGENCY	61	350	
18.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,114	
19.00			0	CHF CLINIC	100	66	
TOTAL RECLASSIFICATIONS FOR CODE H			435,807				435,807

RECLASS CODE: I

EXPLANATION : CAFETERIA COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	959,270	DIETARY	11	959,270	
TOTAL RECLASSIFICATIONS FOR CODE I			959,270				959,270

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN		2,492,635		2,492,635		2,492,635	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	1,011,279	3,958,649		3,958,649		4,969,928	
7	SUBTOTAL	1,011,279	6,451,284		6,451,284		7,462,563	
8	RECONCILING ITEMS							
9	TOTAL	1,011,279	6,451,284		6,451,284		7,462,563	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	2,492,635		2,492,635	.334019				
4	NEW CAP REL COSTS-MV	4,969,928		4,969,928	.665981				
5	TOTAL	7,462,563		7,462,563	1.000000				

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL		8,804,507			1,309,312		10,113,819
4	NEW CAP REL COSTS-MV	435,807	1,035,073					1,470,880
5	TOTAL	435,807	9,839,580			1,309,312		11,584,699

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL					1,296,812		1,296,812
4	NEW CAP REL COSTS-MV							
5	TOTAL					1,296,812		1,296,812

- * All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.
- (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4. Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
				COST CENTER 3			
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5	INVESTMENT INCOME-OTHER	B	-19,971	OTHER ADMINISTRATIVE AND		6.06	
6	TRADE, QUANTITY AND TIME DISCOUNTS						
7	REFUNDS AND REBATES OF EXPENSES	A	-15,377	ELECTROCARDIOLOGY		53	
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9	TELEPHONE SERVICES	B	-122	OTHER ADMINISTRATIVE AND		6.06	
10	TELEVISION AND RADIO SERVICE						
11	PARKING LOT						
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,485,994				
13	SALE OF SCRAP, WASTE, ETC.						
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15	LAUNDRY AND LINEN SERVICE						
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-523,989	CAFETERIA		12	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18	SALE OF MED AND SURG SUPPLIES						
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-4,340	PHARMACY		16	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-393	MEDICAL RECORDS & LIBRARY		17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22	VENDING MACHINES	B	-20,039	CAFETERIA		12	
23	INCOME FROM IMPOSITION OF INTEREST						
24	INTRST EXP ON MEDICARE OVERPAYMENTS						
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34	PHYSICIANS' ASSISTANT						
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0118
I

I PERIOD:
I FROM 1/ 1/2009 I
I TO 12/31/2009 I

I PREPARED 5/ 5/2010
I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
37 ADULTS & PEDS OTHER REVENUE	B	-257	ADULTS & PEDIATRICS	25	
38 ER OTHER REVENUE	B	-29,605	EMERGENCY	61	
39 HR OTHER REVENUE	B	-252	EMPLOYEE BENEFITS	5	
40 PATIENT ACCOUNTING OTHER REVENUE	B	-10	CASHIERING/ACCOUNTS RECEI	6.01	
41 A&G OTHER REVENUE	B	-107,297	OTHER ADMINISTRATIVE AND	6.06	
42 SECURITY OTHER REVENUE	B	-23	OPERATION OF PLANT	8	
43 HOUSEKEEPING OTHER REVENUE	B	-90	HOUSEKEEPING	10	
44 CS OTHER REVENUE	B	-153	CENTRAL SERVICES & SUPPLY	15	
45 RADIOLOGY OTHER REVENUE	B	-5,060	RADIOLOGY-DIAGNOSTIC	41	
46 LAB OTHER REVENUE	B	-1,009	LABORATORY	44	
47 PT OTHER REVENUE	B	-54	PHYSICAL THERAPY	50	
48 CARDIAC REHAB OTHER REVENUE	B	-176,208	CARDIAC REHABILITATION	53.01	
49 CARDIAC CATH LAB OTHER REVENUE	B	-3	CARDIAC CATHETERIZATION L	53.02	
49.01 A&G OTHER REVENUE	B	-113,050	OTHER ADMINISTRATIVE AND	6.06	
49.02 SALES TAX	A	-120	EMPLOYEE BENEFITS	5	
49.03 SALES TAX	A	-166	CASHIERING/ACCOUNTS RECEI	6.01	
49.04 SALES TAX	A	-239,536	OTHER ADMINISTRATIVE AND	6.06	
49.05 SALES TAX	A	-5,054	MAINTENANCE & REPAIRS	7	
49.06 SALES TAX	A	-8,172	OPERATION OF PLANT	8	
49.07 SALES TAX	A	-14,946	LAUNDRY & LINEN SERVICE	9	
49.08 SALES TAX	A	-11,405	HOUSEKEEPING	10	
49.09 SALES TAX	A	-5,795	DIETARY	11	
49.10 SALES TAX	A	-65	NURSING ADMINISTRATION	14	
49.11 SALES TAX	A	-5,099	CENTRAL SERVICES & SUPPLY	15	
49.12 SALES TAX	A	-16,196	PHARMACY	16	
49.13 SALES TAX	A	-158	MEDICAL RECORDS & LIBRARY	17	
49.14 SALES TAX	A	-1,481	ADULTS & PEDIATRICS	25	
49.15 SALES TAX	A	-1,220	INTENSIVE CARE UNIT	26	
49.16 SALES TAX	A	-226	CORONARY CARE UNIT	27	
49.17 SALES TAX	A	-1,522	NURSERY	33	
49.18 SALES TAX	A	-119,286	OPERATING ROOM	37	
49.19 SALES TAX	A	-387	RECOVERY ROOM	38	
49.20 SALES TAX	A	-8,499	DELIVERY ROOM & LABOR ROO	39	
49.21 SALES TAX	A	-9,140	ANESTHESIOLOGY	40	
49.22 SALES TAX	A	-34,191	RADIOLOGY-DIAGNOSTIC	41	
49.23 SALES TAX	A	-720	RADIOISOTOPE	43	

DESCRIPTION (1)			EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
(2)			WORKSHEET A TO/FROM WHICH THE		LINE NO	
BASIS/CODE	AMOUNT	COST CENTER	AMOUNT IS TO BE ADJUSTED			
1	2	3	4			
49.24 SALES TAX	A	-51,857	LABORATORY	44		
49.25 SALES TAX	A	-6,554	INTRAVENOUS THERAPY	48		
49.26 SALES TAX	A	-12,152	RESPIRATORY THERAPY	49		
49.27 SALES TAX	A	-3,493	PHYSICAL THERAPY	50		
49.28 SALES TAX	A	-43,599	ELECTROCARDIOLOGY	53		
49.29 SALES TAX	A	-107	CARDIAC REHABILITATION	53.01		
49.30 SALES TAX	A	-102,381	CARDIAC CATHETERIZATION L	53.02		
49.31 SALES TAX	A	-283	ELECTROENCEPHALOGRAPHY	54		
49.32 SALES TAX	A	-3,112	EMERGENCY	61		
49.33 SALES TAX	A	-1,592	PHYSICIANS' PRIVATE OFFIC	98		
49.34 SALES TAX	A	-85	OTHER NRCC DEPARTMENTS	98.01		
49.35 SALES TAX	A	-11	CHF CLINIC	100		
49.36 SALES TAX	A	-5	TIME SHARE	100.01		
49.37 ADVERTISING COSTS	A	-7,350	CASHIERING/ACCOUNTS RECEI	6.01		
49.38 ADVERTISING COSTS	A	-771,708	OTHER ADMINISTRATIVE AND	6.06		
49.39 ADVERTISING COSTS	A	-1,195	OPERATION OF PLANT	8		
49.40 ADVERTSTING COSTS CREDIT	A	690	HOUSEKEEPING	10		
49.41 BAD DEBT EXPENSE	A	-148,287	DELIVERY ROOM & LABOR ROO	39		
49.42 BAD DEBT EXPENSE	A	-11,695,181	CASHIERING/ACCOUNTS RECEI	6.01		
49.43 PATIENT TELEPHONE EXPENSE	A	-34,310	OTHER ADMINISTRATIVE AND	6.06		
49.44 IHA DUES, LOBBYING COST PORTION	A	-84,848	OTHER ADMINISTRATIVE AND	6.06		
49.45 OFFSET REBATES FR LN 7 ABOVE	A	15,377	ELECTROCARDIOLOGY	53		
49.46						
50 TOTAL (SUM OF LINES 1 THRU 49)		-17,938,723				

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
- (2) Basis for adjustment (see instructions).
- A. Costs - if cost, including applicable overhead, can be determined.
- B. Amount Received - if cost cannot be determined.
- (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I 14-0118

I

I PERIOD:

I FROM 1/ 1/2009

I TO 12/31/2009

I PREPARED

I 5/ 5/2010

I WORKSHEET

I A-8-2

I GROUP 1

LINE	WKSHT A NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	5	EMPLOYEE HEALTH	17,800		17,800	177,200	187	15,931	797
2	6	ADMINISTRATION	417,696	307,846	109,850	177,200	1,007	85,789	4,289
3	25	ADULTS & PEDS	489,584	378,784	110,800	177,200	4,132	352,015	17,601
4	33	NURSERY	634,859	634,859					
5	37	SURGERY	183,413	157,655	25,758	208,000	337	33,700	1,685
6	39	LABOR AND DELIVERY	763,247	688,247	75,000	196,400	635	59,959	2,998
7	40	ANESTHESIOLOGY	673,105	673,105					
8	41	RADIOLOGY	3,923	3,923					
9	44	LABORATORY	18,750		18,750	215,700	282	29,244	1,462
10	53	2 CARDIAC CATH LAB	98,700		98,700	177,200	470	40,040	2,002
11	61	ER	511,685	511,685					
12	25	ICU	133,736		133,736	177,200	1,248	106,320	5,316
13	39	LABOR AND DELIVERY	24,900		24,900	196,400	1,797	169,678	8,484
14	25	ADULTS & PEDS	18,518		18,518	177,200	184	15,675	784
15	61	ER	8,489		8,489	177,200	103	8,775	439

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27

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
28								
29								
30								
101	TOTAL	3,998,405	3,356,104	642,301		10,382	917,126	45,857

PROVIDER BASED PHYSICIAN ADJUSTMENTS

CENTER
I PROVIDER NO:
I 14-0118
I

IN LIEU OF FORM
I PERIOD:
I FROM 1/ 1/2009
I TO 12/31/2009

I CMS-2552-96(9/1996) CON
 I PREPARED 5/ 5/2010
 I WORKSHEET A-8-2
 I GROUP 1

[illegible]

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
28								
29								
30								
101	TOTAL					917,126	129,890	3,485,994

COST ALLOCATION STATISTICS

I PROVIDER NO:

I PERIOD:

I PREPARED 5/ 5/2010

I 14-0118

I FROM 1/ 1/2009

I NOT A CMS WORKSHEET

I

I TO 12/31/2009

I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS	SALARIES	ENTERED
6.01	CASHIERING/ACCOUNTS RECEIVABLE	4	GROSS	CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	6	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	8	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	11	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUIS.	ENTERED
16	PHARMACY	13	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/ 5/2010
 I 14-0118 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND
		0	3	4	5	6.01	6a.01	6.06
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &	10,113,819	10,113,819					
005	NEW CAP REL COSTS-MVBLE E	1,470,880		1,470,880				
005	EMPLOYEE BENEFITS	14,726,503	86,476		14,812,979			
006	01 CASHIERING/ACCOUNTS RECEI	1,096,578	107,568		204,673	1,408,819		
006	06 OTHER ADMINISTRATIVE AND	28,755,646	1,074,558	672,190	2,370,388		32,872,782	32,872,782
007	MAINTENANCE & REPAIRS	652,715	44,879		68,078		765,672	231,372
008	OPERATION OF PLANT	5,041,186	1,130,368	52,086	411,860		6,635,500	2,005,122
009	LAUNDRY & LINEN SERVICE	-23,537	334,955		116,796		428,214	129,398
010	HOUSEKEEPING	2,171,731	174,786	893	389,496		2,736,906	827,041
011	DIETARY	1,546,659	465,191		224,719		2,236,569	675,849
012	CAFETERIA	415,242			139,375		554,617	167,595
014	NURSING ADMINISTRATION	723,734	42,605	28,892	161,410		956,641	289,079
015	CENTRAL SERVICES & SUPPLY	683,592	338,879		138,947		1,161,418	350,958
016	PHARMACY	1,911,736	76,260	1,141	448,903		2,438,040	736,729
017	MEDICAL RECORDS & LIBRARY	1,735,668	131,814		198,700		2,066,182	624,361
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	12,207,450	2,033,205	4,565	2,767,060	110,474	17,122,754	5,174,217
026	INTENSIVE CARE UNIT	4,963,280	138,123	893	1,027,340	37,937	6,167,573	1,863,723
027	CORONARY CARE UNIT	1,640,878	319,603	3,619	373,910	14,208	2,352,218	710,796
033	NURSERY	1,412,721	83,083		321,243	16,026	1,833,073	553,920
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	4,886,596	864,173	42,928	912,917	157,939	6,864,553	2,074,337
038	RECOVERY ROOM	506,364	78,773		117,314	14,195	716,646	216,557
039	DELIVERY ROOM & LABOR ROO	2,630,023	207,304	32,151	563,835	42,106	3,475,419	1,050,206
040	ANESTHESIOLOGY	73,382	18,964	15,716	11,459	22,593	142,114	42,944
041	RADIOLOGY-DIAGNOSTIC	4,577,067	519,021	538,996	780,808	165,740	6,581,632	1,988,844
043	RADIOISOTOPE	768,440	54,710		74,363	19,268	916,781	277,034
044	LABORATORY	5,410,320	309,204	680	659,297	210,723	6,590,224	1,991,440
048	INTRAVENOUS THERAPY	133,145	15,590		31,695	139	180,569	54,565
049	RESPIRATORY THERAPY	1,363,479	89,355	1,186	310,879	28,033	1,792,932	541,790
050	PHYSICAL THERAPY	1,363,285	191,109	7,756	222,268	13,982	1,798,400	543,442
053	ELECTROCARDIOLOGY	1,153,610	346,472	1,676	241,187	74,951	1,817,896	549,334
053	01 CARDIAC REHABILITATION	152,720			73,810	1,206	227,736	68,817
053	02 CARDIAC CATHETERIZATION L	1,111,057	196,941		168,851	65,163	1,542,012	465,967
054	ELECTROENCEPHALOGRAPHY	216,825	70,391		48,360	6,198	341,774	103,278
055	MEDICAL SUPPLIES CHARGED	6,280,645				44,296	6,324,941	1,911,277

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND
		0	3	4	5	6.01	6a.01	6.06
055	01 ANCILLARY SRVC COST CNTRS							
	IMPLANTABLE SUPPLIES	8,261,110				116,714	8,377,824	2,531,619
056	DRUGS CHARGED TO PATIENTS	4,613,133				105,455	4,718,588	1,425,868
057	RENAL DIALYSIS	906,221				7,719	913,940	276,175
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	4,017,257	513,886	2,460	904,613	124,853	5,563,069	1,681,054
062	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	139,671,160	10,058,246	1,407,828	14,484,554	1,399,918	139,215,209	32,134,708
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		12,197				12,197	3,686
098	PHYSICIANS' PRIVATE OFFIC	1,693,352		3,295	272,009	8,901	1,977,557	597,580
098	01 OTHER NRCC DEPARTMENTS	37,019	43,376				80,395	24,294
099	NONPAID WORKERS	77,104			15,586		92,690	28,009
100	CHF CLINIC	147,415		59,757	34,123		241,295	72,915
100	01 TIME SHARE	31,648			6,707		38,355	11,590
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	141,657,698	10,113,819	1,470,880	14,812,979	1,408,819	141,657,698	32,872,782

COST CENTER DESCRIPTION		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		7	8	9	10	11	12	14
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	997,044						
008	OPERATION OF PLANT	128,066	8,768,688					
009	LAUNDRY & LINEN SERVICE	37,949	382,937	978,498				
010	HOUSEKEEPING	19,803	199,824	18,388	3,801,962			
011	DIETARY	52,704	531,830	8,850	247,009	3,752,811		
012	CAFETERIA						722,212	
014	NURSING ADMINISTRATION	4,827	48,708		22,623		7,888	1,329,766
015	CENTRAL SERVICES & SUPPLY	38,394	387,424	52,183	179,939		16,437	
016	PHARMACY	8,640	87,184		40,493		26,431	
017	MEDICAL RECORDS & LIBRARY	14,934	150,696		69,991		20,131	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	230,353	2,324,459	336,189	1,079,596	3,116,993	197,253	551,376
026	INTENSIVE CARE UNIT	15,649	157,909	46,026	73,341	279,854	56,128	154,921
027	CORONARY CARE UNIT	36,210	365,386	75,592	169,704	301,837	24,884	63,529
033	NURSERY	9,413	94,985	17,955	44,116		16,710	53,699
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	97,907	987,965	104,480	458,861	526	56,949	112,017
038	RECOVERY ROOM	8,925	90,057	16,289	41,827		6,252	20,246
039	DELIVERY ROOM & LABOR ROO	23,487	237,000	41,997	110,075		32,683	86,342
040	ANESTHESIOLOGY	2,149	21,681		10,070		1,202	
041	RADIOLOGY-DIAGNOSTIC	58,803	593,370	44,032	275,591		51,083	3,464
043	RADIOISOTOPE	6,198	62,547	8,154	29,050		4,194	58
044	LABORATORY	35,032	353,498	75	164,182		54,022	44,673
048	INTRAVENOUS THERAPY	1,766	17,823		8,278		2,082	6,754
049	RESPIRATORY THERAPY	10,124	102,156	70	47,446		23,468	
050	PHYSICAL THERAPY	21,652	218,485	11,053	101,476		15,889	14,625
053	ELECTROCARDIOLOGY	39,254	396,104	7,552	183,971		14,926	11,818
053	01 CARDIAC REHABILITATION			18,027			4,503	1,734
053	02 CARDIAC CATHETERIZATION L	22,313	225,153	9,699	104,573		8,697	13,548
054	ELECTROENCEPHALOGRAPHY	7,975	80,475	6,110	37,377		4,456	
055	MEDICAL SUPPLIES CHARGED							

COST CENTER DESCRIPTION		MAINTENANCE & OPERATION OF REPAIRS	PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
		7	8	9	10	11	12	14
055	01 ANCILLARY SRVC COST CNTRS							
056	01 IMPLANTABLE SUPPLIES							
057	01 DRUGS CHARGED TO PATIENTS							
	01 RENAL DIALYSIS							
061	01 OUTPAT SERVICE COST CNTRS							
062	01 EMERGENCY	58,221	587,499	150,213	272,865	53,601	58,811	168,164
	01 OBSERVATION BEDS (NON-DIS							
	01 SPEC PURPOSE COST CENTERS							
095	01 SUBTOTALS	990,748	8,705,155	972,934	3,772,454	3,752,811	705,079	1,306,968
	01 NONREIMBURS COST CENTERS							
096	01 GIFT, FLOWER, COFFEE SHOP	1,382	13,944		6,476			
098	01 PHYSICIANS' PRIVATE OFFIC			1,972			12,368	17,102
098	01 OTHER NRCC DEPARTMENTS	4,914	49,589		23,032		48	85
099	01 NONPAID WORKERS						1,999	
100	01 CHF CLINIC			2,070			1,725	5,516
100	01 TIME SHARE			1,522			993	95
101	01 CROSS FOOT ADJUSTMENT							
102	01 NEGATIVE COST CENTER							
103	01 TOTAL	997,044	8,768,688	978,498	3,801,962	3,752,811	722,212	1,329,766

COST CENTER DESCRIPTION		CENTRAL SERVI PHARMACY CES & SUPPLY	MEDICAL RECOR SUBTOTAL DS & LIBRARY	I&R COST POST STEP- DOWN ADJ	TOTAL
		15	16	25	26
003	GENERAL SERVICE COST CNTR				27
004	NEW CAP REL COSTS-BLDG &				
005	NEW CAP REL COSTS-MVBLE E				
006	EMPLOYEE BENEFITS				
006	01 CASHIERING/ACCOUNTS RECEI				
007	06 OTHER ADMINISTRATIVE AND				
008	MAINTENANCE & REPAIRS				
009	OPERATION OF PLANT				
010	LAUNDRY & LINEN SERVICE				
011	HOUSEKEEPING				
012	DIETARY				
014	CAFETERIA				
015	NURSING ADMINISTRATION				
016	CENTRAL SERVICES & SUPPLY	2,186,753			
017	PHARMACY		3,337,517		
	MEDICAL RECORDS & LIBRARY			2,946,295	
025	INPAT ROUTINE SRVC CNTRS				
026	ADULTS & PEDIATRICS		1,399	250	30,134,839
027	INTENSIVE CARE UNIT		247	33	8,815,404
033	CORONARY CARE UNIT		181	75	4,100,412
	NURSERY		730		2,624,601
037	ANCILLARY SRVC COST CNTRS				
038	OPERATING ROOM		17,084	1,538	10,776,217
039	RECOVERY ROOM		46	2	1,116,847
040	DELIVERY ROOM & LABOR ROO		1,260	299	5,058,768
041	ANESTHESIOLOGY		1,942	5,259	227,361
043	RADIOLOGY-DIAGNOSTIC		181		9,597,000
044	RADIOISOTOPE				1,304,016
048	LABORATORY		460		9,233,606
049	INTRAVENOUS THERAPY				271,837
050	RESPIRATORY THERAPY		1,124		2,519,110
053	PHYSICAL THERAPY			8	2,725,030
053	ELECTROCARDIOLOGY		71	31,746	3,052,672
053	01 CARDIAC REHABILITATION				320,817
053	02 CARDIAC CATHETERIZATION L		1,164		2,393,126
054	ELECTROENCEPHALOGRAPHY				581,445
055	MEDICAL SUPPLIES CHARGED	2,186,753		10,422,971	10,422,971

COST CENTER DESCRIPTION		CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR DS & LIBRARY	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		15	16	17	25	26	27
055	01 ANCILLARY SRVC COST CNTRS				10,909,443		10,909,443
056	IMPLANTABLE SUPPLIES		3,292,891	2,907,065	12,344,412		12,344,412
057	DRUGS CHARGED TO PATIENTS				1,190,115		1,190,115
	RENAL DIALYSIS						
061	OUTPAT SERVICE COST CNTRS						
062	EMERGENCY		808	20	8,594,325		8,594,325
	OBSERVATION BEDS (NON-DIS						
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	2,186,753	3,319,588	2,946,295	138,314,374		138,314,374
096	NONREIMBURS COST CENTERS						
098	GIFT, FLOWER, COFFEE SHOP				37,685		37,685
098	PHYSICIANS' PRIVATE OFFIC		16,495		2,623,074		2,623,074
098	01 OTHER NRCC DEPARTMENTS		1,328		183,685		183,685
099	NONPAID WORKERS				122,698		122,698
100	CHF CLINIC				323,521		323,521
100	01 TIME SHARE		106		52,661		52,661
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	2,186,753	3,337,517	2,946,295	141,657,698		141,657,698

COST CENTER DESCRIPTION		DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	CASHIERING/AC COUNTS RECEI 6.01	OTHER ADMINIS TRATIVE AND 6.06
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		86,476		86,476	86,476		
006 01	CASHIERING/ACCOUNTS RECEI		107,568		107,568	1,195	108,763	
006 06	OTHER ADMINISTRATIVE AND		1,074,558	672,190	1,746,748	13,839		1,760,587
007	MAINTENANCE & REPAIRS		44,879		44,879	397		12,392
008	OPERATION OF PLANT		1,130,368	52,086	1,182,454	2,405		107,389
009	LAUNDRY & LINEN SERVICE		334,955		334,955	682		6,930
010	HOUSEKEEPING		174,786	893	175,679	2,274		44,294
011	DIETARY		465,191		465,191	1,312		36,197
012	CAFETERIA					814		8,976
014	NURSING ADMINISTRATION		42,605	28,892	71,497	942		15,482
015	CENTRAL SERVICES & SUPPLY		338,879		338,879	811		18,796
016	PHARMACY		76,260	1,141	77,401	2,621		39,457
017	MEDICAL RECORDS & LIBRARY		131,814		131,814	1,160		33,439
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		2,033,205	4,565	2,037,770	16,150	8,546	277,128
026	INTENSIVE CARE UNIT		138,123	893	139,016	5,998	2,935	99,816
027	CORONARY CARE UNIT		319,603	3,619	323,222	2,183	1,099	38,068
033	NURSERY		83,083		83,083	1,875	1,240	29,666
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		864,173	42,928	907,101	5,330	12,217	111,096
038	RECOVERY ROOM		78,773		78,773	685	1,098	11,598
039	DELIVERY ROOM & LABOR ROO		207,304	32,151	239,455	3,292	3,257	56,246
040	ANESTHESIOLOGY		18,964	15,716	34,680	67	1,748	2,300
041	RADIOLOGY-DIAGNOSTIC		519,021	538,996	1,058,017	4,558	12,821	106,517
043	RADIOISOTOPE		54,710		54,710	434	1,490	14,837
044	LABORATORY		309,204	680	309,884	3,849	16,086	106,656
048	INTRAVENOUS THERAPY		15,590		15,590	185	11	2,922
049	RESPIRATORY THERAPY		89,355	1,186	90,541	1,815	2,168	29,017
050	PHYSICAL THERAPY		191,109	7,756	198,865	1,298	1,082	29,105
053	ELECTROCARDIOLOGY		346,472	1,676	348,148	1,408	5,798	29,421
053 01	CARDIAC REHABILITATION					431	93	3,686
053 02	CARDIAC CATHETERIZATION L		196,941		196,941	986	5,041	24,956
054	ELECTROENCEPHALOGRAPHY		70,391		70,391	282	479	5,531
055	MEDICAL SUPPLIES CHARGED						3,426	102,363

COST CENTER DESCRIPTION		DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	CASHIERING/AC COUNTS RECEI 6.01	OTHER ADMINIS TRATIVE AND 6.06
055	01 ANCILLARY SRVC COST CNTRS							
056	01 IMPLANTABLE SUPPLIES						9,028	135,587
057	DRUGS CHARGED TO PATIENTS						8,157	76,366
	RENAL DIALYSIS						597	14,791
061	OUTPAT SERVICE COST CNTRS							
062	EMERGENCY		513,886	2,460	516,346	5,281	9,658	90,033
	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		10,058,246	1,407,828	11,466,074	84,559	108,075	1,721,058
096	NONREIMBURS COST CENTERS							
098	GIFT, FLOWER, COFFEE SHOP		12,197		12,197			197
098	PHYSICIANS' PRIVATE OFFIC			3,295	3,295	1,588	688	32,005
098	01 OTHER NRCC DEPARTMENTS		43,376		43,376			1,301
099	NONPAID WORKERS					91		1,500
100	CHF CLINIC			59,757	59,757	199		3,905
100	01 TIME SHARE					39		621
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		10,113,819	1,470,880	11,584,699	86,476	108,763	1,760,587

COST CENTER DESCRIPTION		MAINTENANCE & OPERATION OF REPAIRS	PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
		7	8	9	10	11	12	14
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	57,668						
008	OPERATION OF PLANT	7,407	1,299,655					
009	LAUNDRY & LINEN SERVICE	2,195	56,757	392,088				
010	HOUSEKEEPING	1,145	29,617	7,368	260,377			
011	DIETARY	3,048	78,825	3,546	16,916	605,035		
012	CAFETERIA						9,790	
014	NURSING ADMINISTRATION	279	7,219		1,549		107	97,075
015	CENTRAL SERVICES & SUPPLY	2,221	57,422	20,910	12,323		223	
016	PHARMACY	500	12,922		2,773		358	
017	MEDICAL RECORDS & LIBRARY	864	22,336		4,793		273	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	13,326	344,520	134,712	73,937	502,526	2,676	40,251
026	INTENSIVE CARE UNIT	905	23,405	18,443	5,023	45,119	761	11,310
027	CORONARY CARE UNIT	2,094	54,156	30,290	11,622	48,663	337	4,638
033	NURSERY	544	14,078	7,195	3,021		227	3,920
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	5,663	146,432	41,865	31,425	85	772	8,177
038	RECOVERY ROOM	516	13,348	6,527	2,865		85	1,478
039	DELIVERY ROOM & LABOR ROO	1,358	35,127	16,828	7,538		443	6,303
040	ANESTHESIOLOGY	124	3,213		690		16	
041	RADIOLOGY-DIAGNOSTIC	3,401	87,947	17,644	18,874		692	253
043	RADIOISOTOPE	359	9,270	3,267	1,989		57	4
044	LABORATORY	2,026	52,394	30	11,244		732	3,261
048	INTRAVENOUS THERAPY	102	2,642		567		28	493
049	RESPIRATORY THERAPY	586	15,141	28	3,249		318	
050	PHYSICAL THERAPY	1,252	32,383	4,429	6,950		215	1,068
053	ELECTROCARDIOLOGY	2,270	58,709	3,026	12,599		202	863
053	01 CARDIAC REHABILITATION			7,224			61	127
053	02 CARDIAC CATHETERIZATION L	1,291	33,371	3,887	7,162		118	989
054	ELECTROENCEPHALOGRAPHY	461	11,928	2,448	2,560		60	
055	MEDICAL SUPPLIES CHARGED							

COST CENTER DESCRIPTION		MAINTENANCE & OPERATION OF REPAIRS	PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
		7	8	9	10	11	12	14
055	01 ANCILLARY SRVC COST CNTRS							
056	01 IMPLANTABLE SUPPLIES							
057	01 DRUGS CHARGED TO PATIENTS							
	01 RENAL DIALYSIS							
061	01 OUTPAT SERVICE COST CNTRS							
062	01 EMERGENCY	3,367	87,076	60,191	18,687	8,642	797	12,276
	01 OBSERVATION BEDS (NON-DIS							
	01 SPEC PURPOSE COST CENTERS							
095	01 SUBTOTALS	57,304	1,290,238	389,858	258,356	605,035	9,558	95,411
096	01 NONREIMBURS COST CENTERS							
098	01 GIFT, FLOWER, COFFEE SHOP	80	2,067		444			
098	01 PHYSICIANS' PRIVATE OFFIC			790			168	1,248
099	01 OTHER NRCC DEPARTMENTS	284	7,350		1,577		1	6
100	01 NONPAID WORKERS						27	
100	01 CHF CLINIC			830			23	403
101	01 TIME SHARE			610			13	7
101	01 CROSS FOOT ADJUSTMENTS							
102	01 NEGATIVE COST CENTER			9,431				
103	01 TOTAL	57,668	1,299,655	401,519	260,377	605,035	9,790	97,075

COST CENTER DESCRIPTION		CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		15	16	17	25	26	27
003	GENERAL SERVICE COST CNTR						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	01 CASHIERING/ACCOUNTS RECEI						
006	06 OTHER ADMINISTRATIVE AND						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY	451,585					
016	PHARMACY		136,032				
017	MEDICAL RECORDS & LIBRARY			194,679			
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS		57	17	3,451,616		3,451,616
026	INTENSIVE CARE UNIT		10	2	352,743		352,743
027	CORONARY CARE UNIT		7	5	516,384		516,384
033	NURSERY		30		144,879		144,879
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM		696	102	1,270,961		1,270,961
038	RECOVERY ROOM		2		116,975		116,975
039	DELIVERY ROOM & LABOR ROO		51	20	369,918		369,918
040	ANESTHESIOLOGY		79	348	43,265		43,265
041	RADIOLOGY-DIAGNOSTIC		7		1,310,731		1,310,731
043	RADIOISOTOPE				86,417		86,417
044	LABORATORY		19		506,181		506,181
048	INTRAVENOUS THERAPY				22,540		22,540
049	RESPIRATORY THERAPY		46		142,909		142,909
050	PHYSICAL THERAPY			1	276,648		276,648
053	ELECTROCARDIOLOGY		3	2,098	464,545		464,545
053	01 CARDIAC REHABILITATION				11,622		11,622
053	02 CARDIAC CATHETERIZATION L		47		274,789		274,789
054	ELECTROENCEPHALOGRAPHY				94,140		94,140
055	MEDICAL SUPPLIES CHARGED	451,585			557,374		557,374

COST CENTER DESCRIPTION		CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		15	16	17	25	26	27
055	01 ANCILLARY SRVC COST CNTRS				144,615		144,615
056	IMPLANTABLE SUPPLIES		134,215	192,085	410,823		410,823
057	DRUGS CHARGED TO PATIENTS				15,388		15,388
061	RENAL DIALYSIS						
062	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY		33	1	812,388		812,388
062	OBSERVATION BEDS (NON-DIS						
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	451,585	135,302	194,679	11,397,851		11,397,851
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP				14,985		14,985
098	PHYSICIANS' PRIVATE OFFIC		672		40,454		40,454
098	01 OTHER NRCC DEPARTMENTS		54		53,949		53,949
099	NONPAID WORKERS				1,618		1,618
100	CHF CLINIC				65,117		65,117
100	01 TIME SHARE		4		1,294		1,294
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER				9,431		9,431
103	TOTAL	451,585	136,032	194,679	11,584,699		11,584,699

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND
		(SQUARE FEET	(DOLLAR)VALUE	(GROSS)SALARIES	(GROSS)CHARGES	(RECONCIL- IATION
		3	4	5	6.01	6a.06
GENERAL SERVICE COST						6.06
003	NEW CAP REL COSTS-BLD	551,444				
004	NEW CAP REL COSTS-MVB		5,071,712			
005	EMPLOYEE BENEFITS	4,715		61,377,201		
006	01 CASHIERING/ACCOUNTS R	5,865		848,058	463,677,096	
006	06 OTHER ADMINISTRATIVE	58,589	2,317,759	9,821,658		-32,872,782
007	MAINTENANCE & REPAIRS	2,447		282,078		108,784,916
008	OPERATION OF PLANT	61,632	179,597	1,706,533		765,672
009	LAUNDRY & LINEN SERVI	18,263		483,942		6,635,500
010	HOUSEKEEPING	9,530	3,080	1,613,867		428,214
011	DIETARY	25,364		931,117		2,736,906
012	CAFETERIA			577,498		2,236,569
014	NURSING ADMINISTRATIO	2,323	99,622	668,801		554,617
015	CENTRAL SERVICES & SU	18,477		575,725		956,641
016	PHARMACY	4,158	3,934	1,860,019		1,161,418
017	MEDICAL RECORDS & LIB	7,187		823,308		2,438,040
	INPAT ROUTINE SRVC CN					2,066,182
025	ADULTS & PEDIATRICS	110,858	15,739	11,465,170	36,363,986	
026	INTENSIVE CARE UNIT	7,531	3,080	4,256,765	12,487,627	17,122,754
027	CORONARY CARE UNIT	17,426	12,479	1,549,290	4,676,911	6,167,573
033	NURSERY	4,530		1,331,065	5,275,212	2,352,218
	ANCILLARY SRVC COST C					1,833,073
037	OPERATING ROOM	47,118	148,021	3,782,655	51,987,845	
038	RECOVERY ROOM	4,295		486,088	4,672,406	6,864,553
039	DELIVERY ROOM & LABOR	11,303	110,858	2,336,239	13,859,746	716,646
040	ANESTHESIOLOGY	1,034	54,191	47,479	7,436,680	3,475,419
041	RADIOLOGY-DIAGNOSTIC	28,299	1,858,505	3,235,263	54,555,533	142,114
043	RADIOISOTOPE	2,983		308,122	6,342,416	6,581,632
044	LABORATORY	16,859	2,343	2,731,786	69,307,534	916,781
048	INTRAVENOUS THERAPY	850		131,327	45,664	6,590,224
049	RESPIRATORY THERAPY	4,872	4,090	1,288,120	9,227,435	180,569
050	PHYSICAL THERAPY	10,420	26,745	920,964	4,602,417	1,792,932
053	ELECTROCARDIOLOGY	18,891	5,780	999,352	24,671,013	1,798,400
						1,817,896

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND
		(SQUARE FEET	(DOLLAR)VALUE	(GROSS)SALARIES	(GROSS)CHARGES	(RECONCIL- IATION
		3	4	5	6.01	6a.06
	ANCILLARY SRVC COST C					6.06
053	01 CARDIAC REHABILITATI			305,831	396,813	227,736
053	02 CARDIAC CATHETERIZATI	10,738		699,630	21,449,437	1,542,012
054	ELECTROENCEPHALOGRAPH	3,838		200,379	2,040,040	341,774
055	MEDICAL SUPPLIES CHAR				14,580,781	6,324,941
055	01 IMPLANTABLE SUPPLIES				38,418,027	8,377,824
056	DRUGS CHARGED TO PATI				34,711,910	4,718,588
057	RENAL DIALYSIS				2,540,883	913,940
	OUTPAT SERVICE COST C					
061	EMERGENCY	28,019	8,482	3,748,247	41,097,046	5,563,069
062	OBSERVATION BEDS (NON					
	SPEC PURPOSE COST CEN					
095	SUBTOTALS	548,414	4,854,305	60,016,376	460,747,362	-32,872,782
	NONREIMBURS COST CENT					
096	GIFT, FLOWER, COFFEE	665				12,197
098	PHYSICIANS' PRIVATE O		11,361	1,127,066	2,929,734	1,977,557
098	01 OTHER NRCC DEPARTMENT	2,365				80,395
099	NONPAID WORKERS			64,579		92,690
100	CHF CLINIC		206,046	141,390		241,295
100	01 TIME SHARE			27,790		38,355
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	COST TO BE ALLOCATED	10,113,819	1,470,880	14,812,979	1,408,819	32,872,782
	(WRKSHT B, PART I)					
104	UNIT COST MULTIPLIER	18.340609		.241343		
	(WRKSHT B, PT I)		.290016		.003038	.302181
105	COST TO BE ALLOCATED					
	(WRKSHT B, PART II)					
106	UNIT COST MULTIPLIER					
	(WRKSHT B, PT II)					
107	COST TO BE ALLOCATED			86,476	108,763	1,760,587
	(WRKSHT B, PART III)					
108	UNIT COST MULTIPLIER			.001409		

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND
	(SQUARE FEET	(DOLLAR)VALUE	(GROSS)SALARIES	(GROSS)CHARGES	(RECONCIL- IATION ACCUM. COST)
NONREIMBURS COST CENT (WRKSHT B, PT III)	3	4	5	6.01 .000235	6a.06 6.06 .016184

COST CENTER DESCRIPTION		MAINTENANCE & OPERATION OF REPAIRS	PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
		(SQUARE FEET	(SQUARE)FEET	(POUNDS OF)LAUNDRY	(SQUARE)FEET	(MEALS)SERVED	(MEALS)SERVED	(DIRECT)NRSNG HRS)
		7	8	9	10	11	12	14
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006	01 CASHIERING/ACCOUNTS R							
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS	479,828						
008	OPERATION OF PLANT	61,632	418,196					
009	LAUNDRY & LINEN SERVI	18,263	18,263	1,511,556				
010	HOUSEKEEPING	9,530	9,530	28,405	390,403			
011	DIETARY	25,364	25,364	13,671	25,364	135,547		
012	CAFETERIA						121,403	
014	NURSING ADMINISTRATIO	2,323	2,323		2,323		1,326	688,739
015	CENTRAL SERVICES & SU	18,477	18,477	80,611	18,477		2,763	
016	PHARMACY	4,158	4,158		4,158		4,443	
017	MEDICAL RECORDS & LIB	7,187	7,187		7,187		3,384	
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	110,858	110,858	519,335	110,858	112,582	33,158	285,580
026	INTENSIVE CARE UNIT	7,531	7,531	71,100	7,531	10,108	9,435	80,240
027	CORONARY CARE UNIT	17,426	17,426	116,772	17,426	10,902	4,183	32,904
033	NURSERY	4,530	4,530	27,737	4,530		2,809	27,813
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	47,118	47,118	161,397	47,118	19	9,573	58,018
038	RECOVERY ROOM	4,295	4,295	25,163	4,295		1,051	10,486
039	DELIVERY ROOM & LABOR	11,303	11,303	64,876	11,303		5,494	44,720
040	ANESTHESIOLOGY	1,034	1,034		1,034		202	
041	RADIOLOGY-DIAGNOSTIC	28,299	28,299	68,019	28,299		8,587	1,794
043	RADIOISOTOPE	2,983	2,983	12,596	2,983		705	30
044	LABORATORY	16,859	16,859	116	16,859		9,081	23,138
048	INTRAVENOUS THERAPY	850	850		850		350	3,498
049	RESPIRATORY THERAPY	4,872	4,872	108	4,872		3,945	
050	PHYSICAL THERAPY	10,420	10,420	17,074	10,420		2,671	7,575
053	ELECTROCARDIOLOGY	18,891	18,891	11,666	18,891		2,509	6,121

COST CENTER DESCRIPTION		MAINTENANCE & OPERATION OF REPAIRS	PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(SQUARE FEET	(SQUARE) FEET	(POUNDS OF) LAUNDRY	(SQUARE) FEET	(MEALS) SERVED	(MEALS) SERVED	(DIRECT) NRSING HRS)
		7	8	9	10	11	12	14
053	01	ANCILLARY SRVC COST C						
053	02	CARDIAC REHABILITATI						
054		10,738	10,738	27,848			757	898
054		3,838	3,838	14,983	10,738		1,462	7,017
055				9,439	3,838		749	
055	01	MEDICAL SUPPLIES CHAR						
056		IMPLANTABLE SUPPLIES						
057		DRUGS CHARGED TO PATI						
		RENAL DIALYSIS						
061		OUTPAT SERVICE COST C						
062		28,019	28,019	232,045	28,019	1,936	9,886	87,099
		EMERGENCY						
		OBSERVATION BEDS (NON						
		SPEC PURPOSE COST CEN						
095		476,798	415,166	1,502,961	387,373	135,547	118,523	676,931
		SUBTOTALS						
096		NONREIMBURS COST CENT						
098		665	665		665			
098	01	GIFT, FLOWER, COFFEE						
099		2,365	2,365	3,046			2,079	8,858
100					2,365		8	44
100	01	OTHER NRCC DEPARTMENT						
101		NONPAID WORKERS						
101				3,198			336	
102				2,351			290	2,857
103							167	49
		CHF CLINIC						
		CROSS FOOT ADJUSTMENT						
104		997,044	8,768,688	978,498	3,801,962	3,752,811	722,212	1,329,766
105		NEGATIVE COST CENTER						
106		COST TO BE ALLOCATED						
107		(WRKSHT B, PART I)						
108		2.077920	20.967891	.647345	9.738557	27.686419	5.948881	1.930726
		UNIT COST MULTIPLIER						
		(WRKSHT B, PT I)						
		COST TO BE ALLOCATED						
		(WRKSHT B, PART II)						
		UNIT COST MULTIPLIER						
		(WRKSHT B, PT II)						
		COST TO BE ALLOCATED						
		57,668	1,299,655	392,088	260,377	605,035	9,790	97,075
		(WRKSHT B, PART III)						
		UNIT COST MULTIPLIER						
			3.107765		.666944		.080641	

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS		LAUNDRY & LIN HOUSEKEEPING EN SERVICE		DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
	(SQUARE FEET	(SQUARE) FEET	(POUNDS OF) LAUNDRY	(SQUARE) FEET	(MEALS) SERVED	(MEALS) SERVED	(DIRECT) NRSING HRS)
NONREIMBURS COST CENT (WRKSHT B, PT III)	7	8	9	10	11	12	14
	.120185		.259394		4.463655		.140946

COST CENTER DESCRIPTION		CENTRAL SERVI PHARMACY CES & SUPPLY	MEDICAL RECOR DS & LIBRARY
		(COSTED REQUIS.	(COSTED)REQUIS.
			(TIME)SPENT
		15	16
			17
	GENERAL SERVICE COST		
003	NEW CAP REL COSTS-BLD		
004	NEW CAP REL COSTS-MVB		
005	EMPLOYEE BENEFITS		
006	01 CASHIERING/ACCOUNTS R		
006	06 OTHER ADMINISTRATIVE		
007	MAINTENANCE & REPAIRS		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVI		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATIO		
015	CENTRAL SERVICES & SU	6,280,645	
016	PHARMACY		4,675,649
017	MEDICAL RECORDS & LIB		13,716,186
	INPAT ROUTINE SRVC CN		
025	ADULTS & PEDIATRICS	1,960	1,164
026	INTENSIVE CARE UNIT	346	153
027	CORONARY CARE UNIT	254	347
033	NURSERY	1,022	
	ANCILLARY SRVC COST C		
037	OPERATING ROOM	23,934	7,158
038	RECOVERY ROOM	64	11
039	DELIVERY ROOM & LABOR	1,765	1,391
040	ANESTHESIOLOGY	2,720	24,484
041	RADIOLOGY-DIAGNOSTIC	253	
043	RADIOISOTOPE		
044	LABORATORY	645	
048	INTRAVENOUS THERAPY		
049	RESPIRATORY THERAPY	1,575	
050	PHYSICAL THERAPY		37
053	ELECTROCARDIOLOGY	99	147,792

COST CENTER DESCRIPTION		CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY
		(COSTED REQUIS.	(COSTED)REQUIS.	(TIME)SPENT)
		15	16	17
053	01	ANCILLARY SRVC COST C		
053	02	CARDIAC REHABILITATI		
054		CARDIAC CATHETERIZATI	1,630	
055		ELECTROENCEPHALOGRAPH		
055	01	MEDICAL SUPPLIES CHAR	6,280,645	
056		IMPLANTABLE SUPPLIES		
057		DRUGS CHARGED TO PATI	4,613,133	13,533,558
		RENAL DIALYSIS		
061		OUTPAT SERVICE COST C		
062		EMERGENCY	1,132	91
		OBSERVATION BEDS (NON		
		SPEC PURPOSE COST CEN		
095		SUBTOTALS	6,280,645	4,650,532
				13,716,186
096		NONREIMBURS COST CENT		
098		GIFT, FLOWER, COFFEE		
098	01	PHYSICIANS' PRIVATE O	23,108	
099		OTHER NRCC DEPARTMENT	1,860	
100		NONPAID WORKERS		
100	01	CHF CLINIC		
101		TIME SHARE	149	
102		CROSS FOOT ADJUSTMENT		
103		NEGATIVE COST CENTER		
103		COST TO BE ALLOCATED	2,186,753	3,337,517
		(PER WRKSHT B, PART		2,946,295
104		UNIT COST MULTIPLIER	.713808	
		(WRKSHT B, PT I)		
105		COST TO BE ALLOCATED	.348173	.214804
		(PER WRKSHT B, PART		
106		UNIT COST MULTIPLIER		
		(WRKSHT B, PT II)		
107		COST TO BE ALLOCATED	451,585	136,032
		(PER WRKSHT B, PART		194,679
108		UNIT COST MULTIPLIER	.029094	

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY	MEDICAL RECOR DS & LIBRARY	
	(COSTED REQUIS. 15	(COSTED)REQUIS. 16	(TIME)SPENT 17
NONREIMBURS COST CENT (WRKSHT B, PT III)	.071901		.014193

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/ 5/2010
 I 14-0118 I FROM 1/ 1/2009 I WORKSHEET C
 I I TO 12/31/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	30,134,839		30,134,839	30,259	30,165,098
27	INTENSIVE CARE UNIT	8,815,404		8,815,404		8,815,404
33	CORONARY CARE UNIT	4,100,412		4,100,412		4,100,412
	NURSERY	2,624,601		2,624,601		2,624,601
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	10,776,217		10,776,217		10,776,217
39	RECOVERY ROOM	1,116,847		1,116,847		1,116,847
40	DELIVERY ROOM & LABOR ROO	5,058,768		5,058,768	15,041	5,073,809
41	ANESTHESIOLOGY	227,361		227,361		227,361
43	RADIOLOGY-DIAGNOSTIC	9,597,000		9,597,000		9,597,000
44	RADIOISOTOPE	1,304,016		1,304,016		1,304,016
48	LABORATORY	9,233,606		9,233,606		9,233,606
49	INTRAVENOUS THERAPY	271,837		271,837		271,837
50	RESPIRATORY THERAPY	2,519,110		2,519,110		2,519,110
53	PHYSICAL THERAPY	2,725,030		2,725,030		2,725,030
53	ELECTROCARDIOLOGY	3,052,672		3,052,672		3,052,672
53	01 CARDIAC REHABILITATION	320,817		320,817		320,817
53	02 CARDIAC CATHETERIZATION L	2,393,126		2,393,126	58,660	2,451,786
54	ELECTROENCEPHALOGRAPHY	581,445		581,445		581,445
55	MEDICAL SUPPLIES CHARGED	10,422,971		10,422,971		10,422,971
55	01 IMPLANTABLE SUPPLIES	10,909,443		10,909,443		10,909,443
56	DRUGS CHARGED TO PATIENTS	12,344,412		12,344,412		12,344,412
57	RENAL DIALYSIS	1,190,115		1,190,115		1,190,115
61	OUTPAT SERVICE COST CNTRS					
62	EMERGENCY	8,594,325		8,594,325		8,594,325
	OBSERVATION BEDS (NON-DIS	637,462		637,462		637,462
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	138,951,836		138,951,836	103,960	139,055,796
102	LESS OBSERVATION BEDS	637,462		637,462		637,462
103	TOTAL	138,314,374		138,314,374	103,960	138,418,334

I PROVIDER NO: I PERIOD: I PREPARED 5/ 5/2010
 I 14-0118 I FROM 1/ 1/2009 I WORKSHEET C
 I I TO 12/31/2009 I PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	36,363,986		36,363,986			
26	INTENSIVE CARE UNIT	12,487,627		12,487,627			
27	CORONARY CARE UNIT	4,676,911		4,676,911			
33	NURSERY	5,275,212		5,275,212			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	27,071,505	24,916,340	51,987,845	.207283	.207283	.207283
38	RECOVERY ROOM	2,704,081	1,968,325	4,672,406	.239030	.239030	.239030
39	DELIVERY ROOM & LABOR ROO	11,783,020	2,076,726	13,859,746	.364997	.364997	.366082
40	ANESTHESIOLOGY	3,840,886	3,595,794	7,436,680	.030573	.030573	.030573
41	RADIOLOGY-DIAGNOSTIC	24,793,370	29,762,163	54,555,533	.175912	.175912	.175912
43	RADIOISOTOPE	3,593,065	2,749,351	6,342,416	.205602	.205602	.205602
44	LABORATORY	48,395,038	20,612,496	69,007,534	.133806	.133806	.133806
48	INTRAVENOUS THERAPY	338,218	7,446	345,664	.786420	.786420	.786420
49	RESPIRATORY THERAPY	8,569,192	658,243	9,227,435	.273002	.273002	.273002
50	PHYSICAL THERAPY	2,887,629	1,714,788	4,602,417	.592087	.592087	.592087
53	ELECTROCARDIOLOGY	15,255,249	9,415,764	24,671,013	.123735	.123735	.123735
53 01	CARDIAC REHABILITATION	109,638	287,175	396,813	.808484	.808484	.808484
53 02	CARDIAC CATHETERIZATION L	13,191,065	8,258,372	21,449,437	.111571	.111571	.114305
54	ELECTROENCEPHALOGRAPHY	345,015	1,695,025	2,040,040	.285016	.285016	.285016
55	MEDICAL SUPPLIES CHARGED	9,829,912	4,750,869	14,580,781	.714843	.714843	.714843
55 01	IMPLANTABLE SUPPLIES	22,731,513	15,686,514	38,418,027	.283967	.283967	.283967
56	DRUGS CHARGED TO PATIENTS	29,953,367	4,758,543	34,711,910	.355625	.355625	.355625
57	RENAL DIALYSIS	2,487,796	53,087	2,540,883	.468386	.468386	.468386
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	13,198,151	27,898,895	41,097,046	.209123	.209123	.209123
62	OBSERVATION BEDS (NON-DIS		2,768,758	2,768,758	.230234	.230234	.230234
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	299,881,446	163,634,674	463,516,120			
102	LESS OBSERVATION BEDS						
103	TOTAL	299,881,446	163,634,674	463,516,120			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	30,134,839		30,134,839	30,259	30,165,098
27	INTENSIVE CARE UNIT	8,815,404		8,815,404		8,815,404
33	CORONARY CARE UNIT	4,100,412		4,100,412		4,100,412
	NURSERY	2,624,601		2,624,601		2,624,601
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	10,776,217		10,776,217		10,776,217
39	RECOVERY ROOM	1,116,847		1,116,847		1,116,847
40	DELIVERY ROOM & LABOR ROO	5,058,768		5,058,768	15,041	5,073,809
41	ANESTHESIOLOGY	227,361		227,361		227,361
43	RADIOLOGY-DIAGNOSTIC	9,597,000		9,597,000		9,597,000
44	RADIOISOTOPE	1,304,016		1,304,016		1,304,016
48	LABORATORY	9,233,606		9,233,606		9,233,606
49	INTRAVENOUS THERAPY	271,837		271,837		271,837
50	RESPIRATORY THERAPY	2,519,110		2,519,110		2,519,110
53	PHYSICAL THERAPY	2,725,030		2,725,030		2,725,030
53	ELECTROCARDIOLOGY	3,052,672		3,052,672		3,052,672
53	01 CARDIAC REHABILITATION	320,817		320,817		320,817
53	02 CARDIAC CATHETERIZATION L	2,393,126		2,393,126	58,660	2,451,786
54	ELECTROENCEPHALOGRAPHY	581,445		581,445		581,445
55	MEDICAL SUPPLIES CHARGED	10,422,971		10,422,971		10,422,971
55	01 IMPLANTABLE SUPPLIES	10,909,443		10,909,443		10,909,443
56	DRUGS CHARGED TO PATIENTS	12,344,412		12,344,412		12,344,412
57	RENAL DIALYSIS	1,190,115		1,190,115		1,190,115
61	OUTPAT SERVICE COST CNTRS					
62	EMERGENCY	8,594,325		8,594,325		8,594,325
	OBSERVATION BEDS (NON-DIS	637,462		637,462		637,462
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	138,951,836		138,951,836	103,960	139,055,796
102	LESS OBSERVATION BEDS	637,462		637,462		637,462
103	TOTAL	138,314,374		138,314,374	103,960	138,418,334

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	36,363,986		36,363,986			
27	INTENSIVE CARE UNIT	12,487,627		12,487,627			
33	CORONARY CARE UNIT	4,676,911		4,676,911			
	NURSERY	5,275,212		5,275,212			
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	27,071,505	24,916,340	51,987,845	.207283	.207283	.207283
39	RECOVERY ROOM	2,704,081	1,968,325	4,672,406	.239030	.239030	.239030
40	DELIVERY ROOM & LABOR ROO	11,783,020	2,076,726	13,859,746	.364997	.364997	.366082
41	ANESTHESIOLOGY	3,840,886	3,595,794	7,436,680	.030573	.030573	.030573
43	RADIOLOGY-DIAGNOSTIC	24,793,370	29,762,163	54,555,533	.175912	.175912	.175912
44	RADIOISOTOPE	3,593,065	2,749,351	6,342,416	.205602	.205602	.205602
48	LABORATORY	48,395,038	20,612,496	69,007,534	.133806	.133806	.133806
49	INTRAVENOUS THERAPY	338,218	7,446	345,664	.786420	.786420	.786420
50	RESPIRATORY THERAPY	8,569,192	658,243	9,227,435	.273002	.273002	.273002
53	PHYSICAL THERAPY	2,887,629	1,714,788	4,602,417	.592087	.592087	.592087
53	ELECTROCARDIOLOGY	15,255,249	9,415,764	24,671,013	.123735	.123735	.123735
53	01 CARDIAC REHABILITATION	109,638	287,175	396,813	.808484	.808484	.808484
53	02 CARDIAC CATHETERIZATION L	13,191,065	8,258,372	21,449,437	.111571	.111571	.114305
54	ELECTROENCEPHALOGRAPHY	345,015	1,695,025	2,040,040	.285016	.285016	.285016
55	MEDICAL SUPPLIES CHARGED	9,829,912	4,750,869	14,580,781	.714843	.714843	.714843
55	01 IMPLANTABLE SUPPLIES	22,731,513	15,686,514	38,418,027	.283967	.283967	.283967
56	DRUGS CHARGED TO PATIENTS	29,953,367	4,758,543	34,711,910	.355625	.355625	.355625
57	RENAL DIALYSIS	2,487,796	53,087	2,540,883	.468386	.468386	.468386
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	13,198,151	27,898,895	41,097,046	.209123	.209123	.209123
	OBSERVATION BEDS (NON-DIS		2,768,758	2,768,758	.230234	.230234	.230234
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	299,881,446	163,634,674	463,516,120			
102	LESS OBSERVATION BEDS						
103	TOTAL	299,881,446	163,634,674	463,516,120			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	10,776,217	1,270,961	9,505,256			10,776,217
39	RECOVERY ROOM	1,116,847	116,975	999,872			1,116,847
40	DELIVERY ROOM & LABOR ROO	5,058,768	369,918	4,688,850			5,058,768
41	ANESTHESIOLOGY	227,361	43,265	184,096			227,361
43	RADIOLOGY-DIAGNOSTIC	9,597,000	1,310,731	8,286,269			9,597,000
44	RADIOISOTOPE	1,304,016	86,417	1,217,599			1,304,016
48	LABORATORY	9,233,606	506,181	8,727,425			9,233,606
49	INTRAVENOUS THERAPY	271,837	22,540	249,297			271,837
50	RESPIRATORY THERAPY	2,519,110	142,909	2,376,201			2,519,110
53	PHYSICAL THERAPY	2,725,030	276,648	2,448,382			2,725,030
53	ELECTROCARDIOLOGY	3,052,672	464,545	2,588,127			3,052,672
53 01	CARDIAC REHABILITATION	320,817	11,622	309,195			320,817
53 02	CARDIAC CATHETERIZATION L	2,393,126	274,789	2,118,337			2,393,126
54	ELECTROENCEPHALOGRAPHY	581,445	94,140	487,305			581,445
55	MEDICAL SUPPLIES CHARGED	10,422,971	557,374	9,865,597			10,422,971
55 01	IMPLANTABLE SUPPLIES	10,909,443	144,615	10,764,828			10,909,443
56	DRUGS CHARGED TO PATIENTS	12,344,412	410,823	11,933,589			12,344,412
57	RENAL DIALYSIS	1,190,115	15,388	1,174,727			1,190,115
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	8,594,325	812,388	7,781,937			8,594,325
	OBSERVATION BEDS (NON-DIS	637,462	72,941	564,521			637,462
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	93,276,580	7,005,170	86,271,410			93,276,580
102	LESS OBSERVATION BEDS	637,462	72,941	564,521			637,462
103	TOTAL	92,639,118	6,932,229	85,706,889			92,639,118

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	51,987,845	.207283	.207283
38	OPERATING ROOM	4,672,406	.239030	.239030
39	RECOVERY ROOM	13,859,746	.364997	.364997
40	DELIVERY ROOM & LABOR ROO	7,436,680	.030573	.030573
41	ANESTHESIOLOGY	54,555,533	.175912	.175912
43	RADIOLOGY-DIAGNOSTIC	6,342,416	.205602	.205602
44	RADIOISOTOPE	69,007,534	.133806	.133806
48	LABORATORY	345,664	.786420	.786420
49	INTRAVENOUS THERAPY	9,227,435	.273002	.273002
50	RESPIRATORY THERAPY	4,602,417	.592087	.592087
53	PHYSICAL THERAPY	24,671,013	.123735	.123735
53	ELECTROCARDIOLOGY	396,813	.808484	.808484
53	01 CARDIAC REHABILITATION	21,449,437	.111571	.111571
54	02 CARDIAC CATHETERIZATION L	2,040,040	.285016	.285016
55	ELECTROENCEPHALOGRAPHY	14,580,781	.714843	.714843
55	MEDICAL SUPPLIES CHARGED	38,418,027	.283967	.283967
56	01 IMPLANTABLE SUPPLIES	34,711,910	.355625	.355625
57	DRUGS CHARGED TO PATIENTS	2,540,883	.468386	.468386
	RENAL DIALYSIS			
61	OUTPAT SERVICE COST CNTRS	41,097,046	.209123	.209123
62	EMERGENCY	2,768,758	.230234	.230234
	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	404,712,384		
102	LESS OBSERVATION BEDS	2,768,758		
103	TOTAL	401,943,626		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	10,776,217	1,270,961	9,505,256	127,096	551,305	10,097,816
39	RECOVERY ROOM	1,116,847	116,975	999,872	11,698	57,993	1,047,156
40	DELIVERY ROOM & LABOR ROO	5,058,768	369,918	4,688,850	36,992	271,953	4,749,823
41	ANESTHESIOLOGY	227,361	43,265	184,096	4,327	10,678	212,356
43	RADIOLOGY-DIAGNOSTIC	9,597,000	1,310,731	8,286,269	131,073	480,604	8,985,323
44	RADIOISOTOPE	1,304,016	86,417	1,217,599	8,642	70,621	1,224,753
48	LABORATORY	9,233,606	506,181	8,727,425	50,618	506,191	8,676,797
49	INTRAVENOUS THERAPY	271,837	22,540	249,297	2,254	14,459	255,124
50	RESPIRATORY THERAPY	2,519,110	142,909	2,376,201	14,291	137,820	2,366,999
53	PHYSICAL THERAPY	2,725,030	276,648	2,448,382	27,665	142,006	2,555,359
53	ELECTROCARDIOLOGY	3,052,672	464,545	2,588,127	46,455	150,111	2,856,106
53	01 CARDIAC REHABILITATION	320,817	11,622	309,195	1,162	17,933	301,722
53	02 CARDIAC CATHETERIZATION L	2,393,126	274,789	2,118,337	27,479	122,864	2,242,783
54	ELECTROENCEPHALOGRAPHY	581,445	94,140	487,305	9,414	28,264	543,767
55	MEDICAL SUPPLIES CHARGED	10,422,971	557,374	9,865,597	55,737	572,205	9,795,029
55	01 IMPLANTABLE SUPPLIES	10,909,443	144,615	10,764,828	14,462	624,360	10,270,621
56	DRUGS CHARGED TO PATIENTS	12,344,412	410,823	11,933,589	41,082	692,148	11,611,182
57	RENAL DIALYSIS	1,190,115	15,388	1,174,727	1,539	68,134	1,120,442
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	8,594,325	812,388	7,781,937	81,239	451,352	8,061,734
	OBSERVATION BEDS (NON-DIS	637,462	72,941	564,521	7,294	32,742	597,426
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	93,276,580	7,005,170	86,271,410	700,519	5,003,743	87,572,318
102	LESS OBSERVATION BEDS	637,462	72,941	564,521	7,294	32,742	597,426
103	TOTAL	92,639,118	6,932,229	85,706,889	693,225	4,971,001	86,974,892

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	51,987,845	.194234	.204839
38	OPERATING ROOM	4,672,406	.224115	.236527
39	RECOVERY ROOM	13,859,746	.342706	.362328
40	DELIVERY ROOM & LABOR ROO	7,436,680	.028555	.029991
41	ANESTHESIOLOGY	54,555,533	.164700	.173510
43	RADIOLOGY-DIAGNOSTIC	6,342,416	.193105	.204240
44	RADIOISOTOPE	69,007,534	.125737	.133072
48	LABORATORY	345,664	.738069	.779899
49	INTRAVENOUS THERAPY	9,227,435	.256518	.271453
50	RESPIRATORY THERAPY	4,602,417	.555221	.586076
53	PHYSICAL THERAPY	24,671,013	.115768	.121852
53	ELECTROCARDIOLOGY	396,813	.760363	.805556
53	01 CARDIAC REHABILITATION	21,449,437	.104561	.110289
54	02 CARDIAC CATHETERIZATION L	2,040,040	.266547	.280402
55	ELECTROENCEPHALOGRAPHY	14,580,781	.671777	.711020
55	MEDICAL SUPPLIES CHARGED	38,418,027	.267339	.283590
56	01 IMPLANTABLE SUPPLIES	34,711,910	.334501	.354441
57	DRUGS CHARGED TO PATIENTS	2,540,883	.440966	.467781
	RENAL DIALYSIS			
61	OUTPAT SERVICE COST CNTRS	41,097,046	.196163	.207146
62	EMERGENCY	2,768,758	.215774	.227600
	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	404,712,384		
102	LESS OBSERVATION BEDS	2,768,758		
103	TOTAL	401,943,626		

WKST A LINE NO.	COST CENTER DESCRIPTION	-----	OLD CAPITAL	-----	-----	NEW CAPITAL	-----
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,451,616		3,451,616
26	INTENSIVE CARE UNIT				352,743		352,743
27	CORONARY CARE UNIT				516,384		516,384
33	NURSERY				144,879		144,879
101	TOTAL				4,465,622		4,465,622

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	39,371	18,458			87.67	1,618,213
26	ADULTS & PEDIATRICS	3,423	1,867			103.05	192,394
27	INTENSIVE CARE UNIT	3,692	1,286			139.87	179,873
33	CORONARY CARE UNIT	2,071				69.96	
101	NURSERY	48,557	21,611				
	TOTAL						1,990,480

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO	COSTS
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		1,270,961	51,987,845	17,189,146		
39	RECOVERY ROOM		116,975	4,672,406	1,373,381		
40	DELIVERY ROOM & LABOR ROO		369,918	13,859,746	43,953		
41	ANESTHESIOLOGY		43,265	7,436,680	1,446,759		
43	RADIOLOGY-DIAGNOSTIC		1,310,731	54,555,533	13,868,225		
44	RADIOISOTOPE		86,417	6,342,416	2,096,775		
48	LABORATORY		506,181	69,007,534	26,606,377		
49	INTRAVENOUS THERAPY		22,540	345,664	22,502		
50	RESPIRATORY THERAPY		142,909	9,227,435	4,600,986		
53	PHYSICAL THERAPY		276,648	4,602,417	1,652,086		
53	ELECTROCARDIOLOGY		464,545	24,671,013	6,781,980		
53 01	CARDIAC REHABILITATION		11,622	396,813	110		
53 02	CARDIAC CATHETERIZATION L		274,789	21,449,437	3,561,620		
54	ELECTROENCEPHALOGRAPHY		94,140	2,040,040	186,407		
55	MEDICAL SUPPLIES CHARGED		557,374	14,580,781	5,378,317		
55 01	IMPLANTABLE SUPPLIES		144,615	38,418,027	16,108,503		
56	DRUGS CHARGED TO PATIENTS		410,823	34,711,910	16,746,544		
57	RENAL DIALYSIS		15,388	2,540,883	1,484,051		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		812,388	41,097,046	6,390,899		
62	OBSERVATION BEDS (NON-DIS		72,941	2,768,758			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		7,005,170	404,712,384	125,538,621		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/ 5/2010
I	14-0118	I	FROM 1/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 12/31/2009	I	PART II
I	14-0118	I		I	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO COSTS	
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.024447	420,223
38	RECOVERY ROOM	.025035	34,383
39	DELIVERY ROOM & LABOR ROO	.026690	1,173
40	ANESTHESIOLOGY	.005818	8,417
41	RADIOLOGY-DIAGNOSTIC	.024026	333,198
43	RADIOISOTOPE	.013625	28,569
44	LABORATORY	.007335	195,158
48	INTRAVENOUS THERAPY	.065208	1,467
49	RESPIRATORY THERAPY	.015487	71,255
50	PHYSICAL THERAPY	.060109	99,305
53	ELECTROCARDIOLOGY	.018830	127,705
53 01	CARDIAC REHABILITATION	.029288	3
53 02	CARDIAC CATHETERIZATION L	.012811	45,628
54	ELECTROENCEPHALOGRAPHY	.046146	8,602
55	MEDICAL SUPPLIES CHARGED	.038227	205,597
55 01	IMPLANTABLE SUPPLIES	.003764	60,632
56	DRUGS CHARGED TO PATIENTS	.011835	198,195
57	RENAL DIALYSIS	.006056	8,987
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.019768	126,335
62	OBSERVATION BEDS (NON-DIS	.026344	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,974,832

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					39,371	
26	INTENSIVE CARE UNIT					3,423	
27	CORONARY CARE UNIT					3,692	
33	NURSERY					2,071	
101	TOTAL					48,557	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	18,458	
26	INTENSIVE CARE UNIT	1,867	
27	CORONARY CARE UNIT	1,286	
33	NURSERY		
101	TOTAL	21,611	

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
43	RADIOLOGY-DIAGNOSTIC						
44	RADIOISOTOPE						
48	LABORATORY						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
53	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHABILITATION						
54	02 CARDIAC CATHETERIZATION L						
55	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	01 IMPLANTABLE SUPPLIES						
57	DRUGS CHARGED TO PATIENTS						
61	RENAL DIALYSIS						
62	OUTPAT SERVICE COST CNTRS						
101	EMERGENCY						
	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
	TOTAL						

TITLE XVIII, PART A		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL	O/P PASS THRU	TOTAL	RATIO OF COST O/P RATIO OF	INPAT PROG	INPAT PROG		
LINE NO.		COSTS	COSTS	CHARGES	TO CHARGES CST TO CHARGES	CHARGE	PASS THRU COST		
		3	3.01	4	5	6	7		
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			51,987,845		17,189,146			
38	RECOVERY ROOM			4,672,406		1,373,381			
39	DELIVERY ROOM & LABOR ROO			13,859,746		43,953			
40	ANESTHESIOLOGY			7,436,680		1,446,759			
41	RADIOLOGY-DIAGNOSTIC			54,555,533		13,868,225			
43	RADIOISOTOPE			6,342,416		2,096,775			
44	LABORATORY			69,007,534		26,606,377			
48	INTRAVENOUS THERAPY			345,664		22,502			
49	RESPIRATORY THERAPY			9,227,435		4,600,986			
50	PHYSICAL THERAPY			4,602,417		1,652,086			
53	ELECTROCARDIOLOGY			24,671,013		6,781,980			
53 01	CARDIAC REHABILITATION			396,813		110			
53 02	CARDIAC CATHETERIZATION L			21,449,437		3,561,620			
54	ELECTROENCEPHALOGRAPHY			2,040,040		186,407			
55	MEDICAL SUPPLIES CHARGED			14,580,781		5,378,317			
55 01	IMPLANTABLE SUPPLIES			38,418,027		16,108,503			
56	DRUGS CHARGED TO PATIENTS			34,711,910		16,746,544			
57	RENAL DIALYSIS			2,540,883		1,484,051			
	OUTPAT SERVICE COST CNTRS								
61	EMERGENCY			41,097,046		6,390,899			
62	OBSERVATION BEDS (NON-DIS			2,768,758					
	OTHER REIMBURS COST CNTRS								
101	TOTAL			404,712,384		125,538,621			

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	13,722,047					
38	RECOVERY ROOM	1,071,410					
39	DELIVERY ROOM & LABOR ROO	9,819					
40	ANESTHESIOLOGY	1,116,246					
41	RADIOLOGY-DIAGNOSTIC	8,924,627					
43	RADIOISOTOPE	887,436					
44	LABORATORY	920,204					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	151,188					
50	PHYSICAL THERAPY	2,500					
53	ELECTROCARDIOLOGY	4,703,354					
53	01 CARDIAC REHABILITATION						
53	02 CARDIAC CATHETERIZATION L						
54	ELECTROENCEPHALOGRAPHY	25,061					
55	MEDICAL SUPPLIES CHARGED	2,363,136					
55	01 IMPLANTABLE SUPPLIES	7,490,782					
56	DRUGS CHARGED TO PATIENTS	3,032,250					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,208,533					
62	OBSERVATION BEDS (NON-DIS	803,201					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	48,431,794					

	TITLE XVIII, PART B	HOSPITAL	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description	1	1.02	2	3	4		
(A) ANCILLARY SRVC COST CNTRS							
37 OPERATING ROOM	.207283	.207283					
38 RECOVERY ROOM	.239030	.239030					
39 DELIVERY ROOM & LABOR ROOM	.364997	.364997					
40 ANESTHESIOLOGY	.030573	.030573					
41 RADIOLOGY-DIAGNOSTIC	.175912	.175912					
43 RADIOISOTOPE	.205602	.205602					
44 LABORATORY	.133806	.133806					
48 INTRAVENOUS THERAPY	.786420	.786420					
49 RESPIRATORY THERAPY	.273002	.273002					
50 PHYSICAL THERAPY	.592087	.592087					
53 ELECTROCARDIOLOGY	.123735	.123735					
53 01 CARDIAC REHABILITATION	.808484	.808484					
53 02 CARDIAC CATHETERIZATION LABORATORY	.111571	.111571					
54 ELECTROENCEPHALOGRAPHY	.285016	.285016					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.714843	.714843					
55 01 IMPLANTABLE SUPPLIES	.283967	.283967					
56 DRUGS CHARGED TO PATIENTS	.355625	.355625					
57 RENAL DIALYSIS	.468386	.468386					
61 OUTPAT SERVICE COST CNTRS							
62 EMERGENCY	.209123	.209123					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.230234	.230234					
101 SUBTOTAL							
102 CRNA CHARGES							
103 LESS PBP CLINIC LAB SVCS-							
PROGRAM ONLY CHARGES							
104 NET CHARGES							

(A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B		HOSPITAL					
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	
Cost Center Description		5	5.01	5.02	5.03	6	
(A)	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		13,722,047				
38	RECOVERY ROOM		1,071,410				
39	DELIVERY ROOM & LABOR ROOM		9,819				
40	ANESTHESIOLOGY		1,116,246				
41	RADIOLOGY-DIAGNOSTIC		8,924,627				
43	RADIOISOTOPE		887,436				
44	LABORATORY		920,204				
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		151,188				
50	PHYSICAL THERAPY		2,500				
53	ELECTROCARDIOLOGY		4,703,354				
53	01 CARDIAC REHABILITATION						
53	02 CARDIAC CATHETERIZATION LABORATORY						
54	ELECTROENCEPHALOGRAPHY		25,061				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,363,136				
55	01 IMPLANTABLE SUPPLIES		7,490,782				
56	DRUGS CHARGED TO PATIENTS		3,032,250				
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		3,208,533				
62	OBSERVATION BEDS (NON-DISTINCT PART)		803,201				
101	SUBTOTAL		48,431,794				
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS-						
	PROGRAM ONLY CHARGES						
104	NET CHARGES		48,431,794				

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center Description

9.03

10

11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC REHABILITATION
- 53 02 CARDIAC CATHETERIZATION LABORATORY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 01 IMPLANTABLE SUPPLIES
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- OUTPAT SERVICE COST CNTRS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

Health Financial Systems	MCRIF32	FOR METROSOUTH MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96(08/2000) CONTD		
			I PROVIDER NO:	I PERIOD:	I PREPARED 5/ 5/2010
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST			I 14-0118	I FROM 1/ 1/2009	I WORKSHEET D
			I COMPONENT NO:	I TO 12/31/2009	I PART VI
			I 14-0118	I	I
TITLE XVIII, PART B		HOSPITAL			
PART VI - VACCINE COST APPORTIONMENT					

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.355625
3	PROGRAM COSTS	13,171
		4,684

TITLE XIX - O/P		HOSPITAL						
		Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)		
	Cost Center Description	1	2	3	4	5		
(A)	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	.194234						1,491,133
38	RECOVERY ROOM	.224115						158,620
39	DELIVERY ROOM & LABOR ROOM	.342706						1,447,834
40	ANESTHESIOLOGY	.028555						248,347
41	RADIOLOGY-DIAGNOSTIC	.164700						6,108,761
43	RADIOISOTOPE	.193105						372,218
44	LABORATORY	.125737						5,123,153
48	INTRAVENOUS THERAPY	.738069						
49	RESPIRATORY THERAPY	.256518						183,153
50	PHYSICAL THERAPY	.555221						307,371
53	ELECTROCARDIOLOGY	.115768						774,944
53	01 CARDIAC REHABILITATION	.760363						7,480
53	02 CARDIAC CATHETERIZATION LABORATORY	.104561						201,156
54	ELECTROENCEPHALOGRAPHY	.266547						169,908
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.671777						310,426
55	01 IMPLANTABLE SUPPLIES	.267339						550,668
56	DRUGS CHARGED TO PATIENTS	.334501						710,916
57	RENAL DIALYSIS	.440966						
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	.196163						10,006,116
62	OBSERVATION BEDS (NON-DISTINCT PART)	.215774						480,407
101	SUBTOTAL							28,652,611
102	CRNA CHARGES							
103	LESS PBP CLINIC LAB SVCS-							
	PROGRAM ONLY CHARGES							
104	NET CHARGES							28,652,611

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

Health Financial Systems	MCRIF32	FOR METROSOUTH MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96(05/2004) CONTD			
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS			I PROVIDER NO: 14-0118	I PERIOD: FROM 1/ 1/2009	I PREPARED 5/ 5/2010	I WORKSHEET D
TITLE XIX - O/P			I COMPONENT NO: 14-0118	I TO 12/31/2009	I PART V	I
HOSPITAL						
			PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
						Outpatient Radiology
Cost Center Description			5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					7
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
43	RADIOISOTOPE					
44	LABORATORY					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
53	01 CARDIAC REHABILITATION					
53	02 CARDIAC CATHETERIZATION LABORATORY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55	01 IMPLANTABLE SUPPLIES					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XIX - O/P		HOSPITAL				
		Other outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description		8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		289,629			
38	RECOVERY ROOM		35,549			
39	DELIVERY ROOM & LABOR ROOM		496,181			
40	ANESTHESIOLOGY		7,092			
41	RADIOLOGY-DIAGNOSTIC		1,006,113			
43	RADIOISOTOPE		71,877			
44	LABORATORY		644,170			
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		46,982			
50	PHYSICAL THERAPY		170,659			
53	ELECTROCARDIOLOGY		89,714			
53	01 CARDIAC REHABILITATION		5,688			
53	02 CARDIAC CATHETERIZATION LABORATORY		21,033			
54	ELECTROENCEPHALOGRAPHY		45,288			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		208,537			
55	01 IMPLANTABLE SUPPLIES		147,215			
56	DRUGS CHARGED TO PATIENTS		237,802			
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		1,962,830			
62	OBSERVATION BEDS (NON-DISTINCT PART)		103,659			
101	SUBTOTAL		5,590,018			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		5,590,018			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII PART A	HOSPITAL	PPS
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PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	39,371
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	39,371
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	39,371
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	18,458
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH
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TITLE XVIII PART A	HOSPITAL	PPS
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PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

18	DECEMBER 31 OF THE COST REPORTING PERIOD	
	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	30,165,098
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	30,165,098

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	36,363,986
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	36,363,986
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.829532
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	923.62
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	30,165,098

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

COST DIFFERENTIAL

TITLE XVIII PART A	HOSPITAL	PPS
PART II - HOSPITAL AND SUBPROVIDERS ONLY		

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	766.18
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	14,142,150
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	14,142,150

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	8,815,404	3,423	2,575.34	1,867	4,808,160
44	4,100,412	3,692	1,110.62	1,286	1,428,257
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				30,339,868
49	TOTAL PROGRAM INPATIENT COSTS				50,718,435

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,990,480
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,974,832
52	TOTAL PROGRAM EXCLUDABLE COST	3,965,312
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	46,753,123

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

- 56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

- 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)

TITLE XVIII PART AHOSPITALPPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

- 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
- 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
COST REPORTING PERIOD
- 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
COST REPORTING PERIOD
- 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A	HOSPITAL	PPS
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PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

1

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68	PROGRAM ROUTINE SERVICE COST
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72	PER DIEM CAPITAL-RELATED COSTS
73	PROGRAM CAPITAL-RELATED COSTS
74	INPATIENT ROUTINE SERVICE COST
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78	INPATIENT ROUTINE SERVICE COST LIMITATION
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS
80	PROGRAM INPATIENT ANCILLARY SERVICES
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82	TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	832
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	766.18
85	OBSERVATION BED COST	637,462

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	30,165,098		637,462	
87	NEW CAPITAL-RELATED COST	3,451,616	.114424	637,462	72,941

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
88 NON PHYSICIAN ANESTHETIST		30,165,098		637,462	
89 MEDICAL EDUCATION		30,165,098		637,462	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P	HOSPITAL	OTHER
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PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	39,371
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	39,371
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	39,371
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,246
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	2,071
16	NURSERY DAYS (TITLE V OR XIX ONLY)	1,523

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH
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TITLE XIX - I/P	HOSPITAL	OTHER
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PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

18	DECEMBER 31 OF THE COST REPORTING PERIOD	
	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	30,134,839
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	30,134,839

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	36,363,986
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	36,363,986
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.828700
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	923.62
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	30,134,839

TITLE XIX - I/P

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

COST DIFFERENTIAL

TITLE XIX - I/P	HOSPITAL	OTHER
PART II - HOSPITAL AND SUBPROVIDERS ONLY		

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	765.41
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6,311,571
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6,311,571

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY)	2,624,601	2,071	1,267.31	1,523	1,930,113
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	8,815,404	3,423	2,575.34	371	955,451
44 CORONARY CARE UNIT	4,100,412	3,692	1,110.62	278	308,752
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1 9,282,369
49	TOTAL PROGRAM INPATIENT COSTS	18,788,256

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE

TITLE XIX - I/P	HOSPITAL	OTHER
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PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

- 56 TARGET AMOUNT
- 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
- 58 BONUS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
- 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
- 58.04 RELIEF PAYMENT
- 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
- 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
- 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
- 59.03 PROGRAM DISCHARGES AFTER JULY 1
- 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
- 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

- 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)

TITLE XIX - I/P

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

- 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
- 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
COST REPORTING PERIOD
- 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
COST REPORTING PERIOD
- 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P	HOSPITAL	OTHER
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PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST		
83	TOTAL OBSERVATION BED DAYS	832
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	765.41
85	OBSERVATION BED COST	636,821

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A		HOSPITAL		PPS	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS		21,115,915		
27	INTENSIVE CARE UNIT		3,860,440		
	CORONARY CARE UNIT		3,012,420		
37	ANCILLARY SRVC COST CNTRS				
38	OPERATING ROOM	.207283	17,189,146	3,563,018	
39	RECOVERY ROOM	.239030	1,373,381	328,279	
40	DELIVERY ROOM & LABOR ROOM	.366082	43,953	16,090	
41	ANESTHESIOLOGY	.030573	1,446,759	44,232	
43	RADIOLOGY-DIAGNOSTIC	.175912	13,868,225	2,439,587	
44	RADIOISOTOPE	.205602	2,096,775	431,101	
48	LABORATORY	.133806	26,606,377	3,560,093	
49	INTRAVENOUS THERAPY	.786420	22,502	17,696	
50	RESPIRATORY THERAPY	.273002	4,600,986	1,256,078	
53	PHYSICAL THERAPY	.592087	1,652,086	978,179	
53	ELECTROCARDIOLOGY	.123735	6,781,980	839,168	
53	01 CARDIAC REHABILITATION	.808484	110	89	
53	02 CARDIAC CATHETERIZATION LABORATORY	.114305	3,561,620	407,111	
54	ELECTROENCEPHALOGRAPHY	.285016	186,407	53,129	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.714843	5,378,317	3,844,652	
55	01 IMPLANTABLE SUPPLIES	.283967	16,108,503	4,574,283	
56	DRUGS CHARGED TO PATIENTS	.355625	16,746,544	5,955,490	
57	RENAL DIALYSIS	.468386	1,484,051	695,109	
61	OUTPAT SERVICE COST CNTRS				
62	EMERGENCY	.209123	6,390,899	1,336,484	
	OBSERVATION BEDS (NON-DISTINCT PART)	.230234			
	OTHER REIMBURS COST CNTRS				
101	TOTAL		125,538,621	30,339,868	
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES		125,538,621		

TITLE XIX		HOSPITAL	OTHER	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		7,776,770	
27	INTENSIVE CARE UNIT		1,444,063	
	CORONARY CARE UNIT		378,917	
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.207283	1,766,208	366,105
39	RECOVERY ROOM	.239030	208,709	49,888
40	DELIVERY ROOM & LABOR ROOM	.364997	7,940,209	2,898,152
41	ANESTHESIOLOGY	.030573	776,235	23,732
43	RADIOLOGY-DIAGNOSTIC	.175912	2,928,813	515,213
44	RADIOISOTOPE	.205602	399,942	82,229
48	LABORATORY	.133806	7,937,264	1,062,054
49	INTRAVENOUS THERAPY	.786420	490	385
50	RESPIRATORY THERAPY	.273002	1,281,762	349,924
53	PHYSICAL THERAPY	.592087	548,714	324,886
53	ELECTROCARDIOLOGY	.123735	1,842,260	227,952
53 01	CARDIAC REHABILITATION	.808484	7,172	5,798
53 02	CARDIAC CATHETERIZATION LABORATORY	.111571	1,051,264	117,291
54	ELECTROENCEPHALOGRAPHY	.285016	36,295	10,345
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.714843	1,155,096	825,712
55 01	IMPLANTABLE SUPPLIES	.283967	1,186,924	337,047
56	DRUGS CHARGED TO PATIENTS	.355625	4,702,780	1,672,426
57	RENAL DIALYSIS	.468386		
61	OUTPAT SERVICE COST CNTRS			
62	EMERGENCY	.209123	1,976,016	413,230
	OBSERVATION BEDS (NON-DISTINCT PART)	.230234		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		35,746,153	9,282,369
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		35,746,153	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	28,051,576	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	7,973,531	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	887,358	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	241.72	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		

FOR CR PERIODS ENDING ON OR

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
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AFTER 7/1/2005
E-3 PT 6 LN 15 PLUS LN 3.06

- | | | |
|--|--------------------------|--|
| 3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS) | | |
| 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | | |
| 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1. | | |
| 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1 | | |
| 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09 | | |
| 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10 | | |
| 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS. | | |
| 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS) | | |
| 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE | | |
| 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE | | |
| 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS). | | |
| 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3) | | |
| 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS) | | |
| 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST) | | |
| 3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1 | | |
| 3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS) | | |
| 3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1 | | |
| SUM OF LINES 3.21 - 3.23 | PLUS E-3, PT VI, LINE 23 | |

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	6.44	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	26.11	
4.02 SUM OF LINES 4 AND 4.01	32.55	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	15.65	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	5,637,929	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	42,550,394	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	42,550,394	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION		1	1.01
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,296,493	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST		
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16	TOTAL	45,846,887	
17	PRIMARY PAYER PAYMENTS	18,002	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	45,828,885	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,212,744	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	221,434	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,127,659	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	789,361	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,040,222	
22	SUBTOTAL	43,184,068	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99	OUTLIER RECONCILIATION ADJUSTMENT		
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26	AMOUNT DUE PROVIDER	43,184,068	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	41,360,696	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	1,823,372	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION		1	1.01
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----			
50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,684
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	11,396,214
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	8,989,260
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,684
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	13,171
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	13,171
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	13,171
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	8,487
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,684
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,989,260

COMPUTATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,011,153
19	SUBTOTAL (SEE INSTRUCTIONS)	6,982,791
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	6,982,791
24	PRIMARY PAYER PAYMENTS	756
25	SUBTOTAL	6,982,035
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	463,340
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	324,338
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	432,387
28	SUBTOTAL	7,306,373
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	7,306,373
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,260,863
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	45,510
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		41,419,141 NONE		7,038,703 NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	10/30/2009	71,889	10/30/2009
ADJUSTMENTS TO PROVIDER	.02			222,160
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50	8/21/2009	130,334	
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		-58,445	222,160
4 TOTAL INTERIM PAYMENTS			41,360,696	7,260,863
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE

TITLE XVIII

HOSPITAL

DESCRIPTION		INPATIENT-PART A		P A R T B	
		MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
		1	2	3	4
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	.01			
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02	1,823,372		45,510
BASED ON COST REPORT (1)					
7 TOTAL MEDICARE PROGRAM LIABILITY			43,184,068		7,306,373

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
 PROVIDER NO: 14-0118 PERIOD: FROM 1/ 1/2009 TO 12/31/2009
 COMPONENT NO: -
 PREPARED 5/ 5/2010
 WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES	18,788,256	
3	MEDICAL AND OTHER SERVICES	5,590,018	
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL	24,378,274	
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL	24,378,274	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES	13,359,134	
11	ANCILLARY SERVICE CHARGES	64,398,764	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	77,757,898	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
18	PAYMENT FOR SERVICES ON A CHARGE BASIS		
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT		
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	77,757,898	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	53,379,624	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	24,378,274	
	PROSPECTIVE PAYMENT AMOUNT		

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
 PROVIDER NO: 14-0118 PERIOD: FROM 1/ 1/2009 TO 12/31/2009
 COMPONENT NO: -
 PREPARED 5/ 5/2010
 WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	24,378,274	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	24,378,274	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	24,378,274	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	24,378,274	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		

TITLE XIX		HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

		GENERAL	SPECIFIC	ENDOWMENT	PLANT
		FUND	PURPOSE	FUND	FUND
ASSETS			FUND		
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,356,319			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE	264,993			
4	ACCOUNTS RECEIVABLE	51,195,365			
5	OTHER RECEIVABLES	3,516,463			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-31,816,380			
7	INVENTORY	3,741,530			
8	PREPAID EXPENSES	2,437,789			
9	OTHER CURRENT ASSETS	380,138			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	32,076,217			
FIXED ASSETS					
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS				
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS	2,492,635			
15.01	LESS ACCUMULATED DEPRECIATION	-9,070			
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	4,969,928			
18.01	LESS ACCUMULATED DEPRECIATION	-449,226			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	7,004,267			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				

		GENERAL	SPECIFIC	ENDOWMENT	PLANT
		FUND	PURPOSE	FUND	FUND
ASSETS			FUND		
		1	2	3	4
26	CURRENT ASSETS				
	TOTAL OTHER ASSETS				
27	TOTAL ASSETS	39,080,484			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	11,914,626			
29 SALARIES, WAGES & FEES PAYABLE	4,285,391			
30 PAYROLL TAXES PAYABLE	584,728			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	7,259,774			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	6,613,104			
36 TOTAL CURRENT LIABILITIES	30,657,623			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	12,823,785			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	3,992,000			
42 TOTAL LONG-TERM LIABILITIES	16,815,785			
43 TOTAL LIABILITIES	47,473,408			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-8,392,924			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-8,392,924			
52 TOTAL LIABILITIES AND FUND BALANCES	39,080,484			

	GENERAL FUND		SPECIFIC PURPOSE FUND
	1	2	3 4
1 FUND BALANCE AT BEGINNING		-1,983,887	
2 OF PERIOD			
3 NET INCOME (LOSS)		-6,409,037	
4 TOTAL		-8,392,924	
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
6 ADDITIONS (CREDIT ADJUSTM			
7			
8			
9			
10 TOTAL ADDITIONS			
11 SUBTOTAL		-8,392,924	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13 DEDUCTIONS (DEBIT ADJUSTM			
14			
15			
16			
17			
18 TOTAL DEDUCTIONS			
19 FUND BALANCE AT END OF		-8,392,924	
PERIOD PER BALANCE SHEET			

	ENDOWMENT FUND		PLANT FUND
	5	6	7 8
1 FUND BALANCE AT BEGINNING			
2 OF PERIOD			
3 NET INCOME (LOSS)			
4 TOTAL			
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
6 ADDITIONS (CREDIT ADJUSTM			
7			
8			

ENDOWMENT FUND

56

PLANT FUND

78

9

10TOTAL ADDITIONS

11SUBTOTAL

12DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)

13DEDUCTIONS (DEBIT ADJUSTM

14

15

16

17

18TOTAL DEDUCTIONS

19FUND BALANCE AT END OF

PERIOD PER BALANCE SHEET

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	36,363,986		36,363,986
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	36,363,986		36,363,986
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	12,487,627		12,487,627
11 00 CORONARY CARE UNIT	4,676,911		4,676,911
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	17,164,538		17,164,538
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	53,528,524		53,528,524
17 00 ANCILLARY SERVICES	227,879,559	132,967,021	360,846,580
18 00 OUTPATIENT SERVICES	13,198,151	30,667,653	43,865,804
24 00 NURSERY	5,275,212		5,275,212
24 01 NRCC REVENUE	25,187	2,904,547	2,929,734
25 00 TOTAL PATIENT REVENUES	299,906,633	166,539,221	466,445,854

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	159,596,421
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	159,596,421

STATEMENT OF REVENUES AND EXPENSES

IN LIEU OF FORM CMS-2552-96 (09/1996)
 PROVIDER NO: I PERIOD: I PREPARED 5/ 5/2010
 14-0118 I FROM 1/ 1/2009 I WORKSHEET G-3
 I TO 12/31/2009 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	466,445,854
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	314,871,972
3	NET PATIENT REVENUES	151,573,882
4	LESS: TOTAL OPERATING EXPENSES	159,596,421
5	NET INCOME FROM SERVICE TO PATIENTS	-8,022,539
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	19,971
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	122
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	16,436
21	RENTAL OF VENDING MACHINES	20,039
22	RENTAL OF HOSPITAL SPACE	358,787
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER SPACE RENTAL	82,226
24.01	OTHER REVENUE	879,067
24.02	MISCHELLANEOUS REVENUE	5,038
24.03	CAPITATION REVENUE	231,816
25	TOTAL OTHER INCOME	1,613,502
26	TOTAL	-6,409,037
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-6,409,037

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/ 5/2010
I	14-0118	I	FROM 1/ 1/2009	I	WORKSHEET L
I	COMPONENT NO:	I	TO 12/31/2009	I	PARTS I-IV
I	14-0118	I		I	

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,974,379
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	119,559
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	125.08
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	6.44
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	26.11
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	32.55
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.81
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	202,555
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,296,493
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART III - PAYMENT UNDER REASONABLE COST		
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	